Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620				School Year 2004- 2005 ue to School Clerk June 1				
Elementary District Res	ponsible for Re	eimbursing the	Contract		County	,	Legal Entity		
High School or K-12 Dis	strict Responsib	ole for Reimbu	rsing the Cont	ract	County		Legal Entity		
Dawson H S					Dawson		0207		
Is this contract share ☐ yes ☐ no	ed between el	ementary an	d high schoo	ol?					
Are you applying for (If yes, please attach	explanation))	□ No		Student Name	School	Grade		
rates for special circum- increased rates, individual trustees of the district, the Public Instruction. (10.7)	stances of isola ual circumstanc he county trans	ation of resident ces must be re- sportation com-	ice. In order to viewed and appointed and the mittee, and the	o receive oproved by the	Student Name	School	Grade		
Check here only if incre District Trustees and the	ased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade		
Elem District Approval		□ no	tials		Student Name School Grade				
HS District Approval County Approval	□ yes	□ no □ no			THIS CONTRACT IS FO	OR:			
Parent or Guardian N	Name: (Pleas	e Print)			☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters		
Amy Scheitlin Physical Address (st	reet address	only):			Pre-kindergarten/Kinder		y □ Both Semesters		
,		- ,,			KINDERGARTEN/PRE	•	y Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 0	HS 33 to nearest bu HS 0	·			by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop	times per day,times per day,times per day,s without other schotimes per day, _	days per week days per week days per week ol-age students: days per week days per week days per week days per week		
☐ Contract is for on Students in Each Grade Le	, ,	the students to b	e covered by thi	s contract.	Deadlines:				
	Pre-K	K	1-8	9-12	PARENTS: Due to Sch	ool Clerk June 1.			
	Total	Total	Total	Total	CLERKS: Send origina files.	I to County Supt by July	y 1, retain a copy for your		
Regular Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain				
Spec. Ed. Trans					copy for your files.	TIMELIE CENTERIE) TE		
Room & Board Correspondence						EIMBURSEMENT RA crict, county and OPI			
Reg. Contingency					Reimb	ursement rate is detern	nined by		
Spec. Ed. Contin.						20-10-142, MCA.			
		, ,							
Agreement between	parent (parer	nt name)			, and school district (dist	, 	, , , , , , , , , , , , , , , , , , , ,		
insured driver will tra 2. In March and June, transported for the p	nsport or provide t ansport the studer the District shall p past semester.	nts. Mileage con pay the parent the	the student(s) to tracts are valid of e sum officially a	o and from the school only when transportati pproved in the applica	fter referred to as the District(s) I or bus stop on the days when school is in the form the distance reported on the contral atton upon certification by the teacher or pure the contral to the contral	n session. The parent or guard ct actually occurs. rincipal of the school of the nu			
	erminate at the en	nd of the school y		student(s) is no longe	er enrolled in school, whichever occurs fire		Date		
High School District Dawson H S		Chair, Boa	ard of Truste	es			Date		
200311110			I attes	t that the above	information is true and correct.				
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			e to School Clerk June 1		
Elementary District Re	sponsible for R	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity
Dawson H S					Dawson		0207
Is this contract shar	ed between e	lementary ar	nd high scho	ol?			
☐ yes☐ noAre you applying for	r isolation stat	us? □ Yes	□ No				
(If yes, please attac	h explanation)		mbursement	Student Name	School	Grade
rates for special circun increased rates, individual trustees of the district, Public Instruction. (10.	nstances of isolo dual circumstan- the county tran	ation of resider ces must be re sportation com	nce. In order to eviewed and apainmittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if incr District Trustees and the		sportation Con	nmittee.	pproved by the	Student Name	School	Grade
Elem District Approval		□ no	itials		Student Name	School	Grade
	□ yes	□ no			THIS CONTRACT IS FOR	OR:	
Parent or Guardian	Name: (Pleas	se Print)			☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Barbara R. Haa Physical Address (s		ouly).			Pre-kindergarten/Kinde		Dette Occasion
1 Tryologi 7 tagrood (d	a oot aaa ooo	omy).			1st Semester OnlyKINDERGARTEN/PRE	•	y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence	HS 0 e to nearest be HS 4.5 ne-way only	us stop, if an	y (one way)	is contract. 9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTER copy for your files.	times per day,times per day,	days per week days per week days per week
Reg. Contingency					Reimb	ursement rate is detern 20-10-142, MCA.	nined by
Spec. Ed. Contin.						20 10 . 12, 1110/1.	
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: ansport or provide ransport the stude , the District shall past semester. be computed on t	transportation fo nts. Mileage cor pay the parent the	r the student(s) t htracts are valid of e sum officially a chedule establisl	o and from the school only when transportation approved in the applicated in Section 20-10-1	, and school district (dister referred to as the District(s) or bus stop on the days when school is in on for the distance reported on the contration upon certification by the teacher or part 42, MCA, and the information accompanist enrolled in school, whichever occurs fire	n session. The parent or guard ct actually occurs. principal of the school of the nur	
Elementary School			ard of Truste				Date
High School District Dawson H S		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above i	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620		School Year 2005 Due to School Clark June 1							
Elementary District Res	sponsible for Re	eimbursing the	Contract		County	,	Legal Entity			
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract	County		Legal Entity			
Dawson H S					Dawson		0207			
Is this contract share □ yes □ no	ed between el	ementary an	d high school	ol?						
Are you applying for (If yes, please attach	n explanation))	□ No		Student Name	School	Grade			
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	stances of isola ual circumstand the county trans	ation of resident ces must be resportation com	ice. In order to viewed and appointed and the mittee, and the	o receive oproved by the	Student Name	School	Grade			
Check here only if incre District Trustees and th	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade			
Elem District Approval		□ no	tials		Student Name School Grade					
HS District Approval County Approval	□ yes	□ no □ no			THIS CONTRACT IS FO	OR:				
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters			
Christie Liles Physical Address (st	reet address	only):			Pre-kindergarten/Kinder ☐ 1st Semester Only		y □ Both Semesters			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- ,,			KINDERGARTEN/PRE	•	y Both Semesters			
Distance from home Elementary 0 Distance from home Elementary 0	HS 23	·			by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop	times per day,times per day,times per day,s without other schotimes per day, _	days per week days per week days per week ol-age students: days per week days per week days per week days per week			
☐ Contract is for or Students in Each Grade Le	, ,	the students to h	e covered by thi	s contract	Deadlines:					
Stadelike iii Zadii Grade Ze	Pre-K	K	1-8	9-12	PARENTS: Due to Sch	ool Clerk June 1.				
	Total	Total	Total	Total	CLERKS: Send origina files.	I to County Supt by July	y 1, retain a copy for your			
Regular Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain					
Spec. Ed. Trans					copy for your files.) T.F.			
Room & Board Correspondence						EIMBURSEMENT RA crict, county and OPI				
Reg.					Reimh	ursement rate is detern	nined by			
Contingency Spec. Ed. Contin.						20-10-142, MCA.				
Agreement between	parent (parei	nt name)			, and school district (dist	rict name)	, , , , , , , , , , , , , , , , , , , ,			
insured driver will tr 2. In March and June, transported for the 3. The payment shall	nsport or provide to ansport the studer the District shall p past semester. be computed on the	nts. Mileage con pay the parent the ne basis of the so	the student(s) to tracts are valid of e sum officially a shedule establish	o and from the school only when transportati pproved in the applicated in Section 20-10-	fter referred to as the District(s) I or bus stop on the days when school is it ion for the distance reported on the contration upon certification by the teacher or pure the contration upon certification by the teacher or pure the contration accompanies on the contration acc	n session. The parent or guard ct actually occurs. rincipal of the school of the nur				
Elementary School I			ard of Truste				Date			
High School District Dawson H S		Chair, Boa	ard of Truste	es			Date			
			I attes	t that the above	information is true and correct.					
Signature - Parent or	Guardian					Date				

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 2	202501 MT 59620			_	chool Year 2004- 2005 e to School Clerk June 1			
Elementary District Respon	sible for Re	imbursing the	Contract		County		Legal Entity	
High School or K-12 Distric	t Responsib	le for Reimbur	sing the Cont	ract	County		Legal Entity	
Dawson H S					Dawson		0207	
Is this contract shared b □ yes □ no	etween ele	ementary and	d high schoo	ol?				
Are you applying for iso (If yes, please attach ex ISOLATION: Section 20-1	planation)		□ No	nhursement	Student Name	School	Grade	
rates for special circumstar increased rates, individual trustees of the district, the Public Instruction. (10.7.11)	nces of isolaticized income of isolatic contracts of isolatic country trans	tion of residences must be revenued.	ce. In order to viewed and ap mittee, and the	o receive oproved by the	Student Name	School	Grade	
Check here only if increase District Trustees and the Co		portation Comi	mittee.	proved by the	Student Name	School	Grade	
Elem District Approval HS District Approval		Init □ no □ no	ials 		Student Name School Grade			
County Approval Parent or Guardian Nam	*	noe Print)			THIS CONTRACT IS FOR Grades 1-12 1st Semester Only		v □ Both Semesters	
Connie J. Phalen					ŕ		y Both demesters	
Physical Address (stree	t address o	only):			Pre-kindergarten/Kinder ☐ 1st Semester Only		y	
Distance from home to Belementary 0 H Contract is for one-vestudents in Each Grade Level	HS 35 nearest bu S 0 vay only	s stop, if any	(one way)	s contract. 9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send original files. COUNTY SUPERINTEI	times per day,times per day,times per day,tes without other schotimes per day,times per day,	days per week days per week days per week ol-age students: days per week	
Room & Board					copy for your files. REIMBURSEMENT RATE			
Correspondence					(For dis	trict, county and OPI	use only)	
Reg. Contingency Spec. Ed. Contin.					Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
insured driver will transp 2. In March and June, the I transported for the past 3. The payment shall be co	ort or provide to nort the studen District shall pasemester. Computed on the	ransportation for its. Mileage cont ay the parent the e basis of the sch	the student(s) to racts are valid of sum officially a nedule establish	o and from the school only when transportation pproved in the applicated in Section 20-10-1	, and school district (district referred to as the District(s) or bus stop on the days when school is in for the distance reported on the contration upon certification by the teacher or part of the contration upon certification by the teacher or part of the contration upon certification by the teacher or part of the contration upon certification by the teacher or part of the contration accompanies of the contration accorps accorps accorps accorps accorps accorps accorps accorps acc	n session. The parent or guard ct actually occurs. rincipal of the school of the nui		
Elementary School Dist			rd of Truste		i cinonea in school, whichever occurs in	Jt.	Date	
High School District Dawson H S		Chair, Boa	rd of Truste	es			Date	
			I attes	t that the above i	nformation is true and correct.			
Signature - Parent or Gua	rdian		_			Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			chool Year 2004- 2005 e to School Clerk June 1				
Elementary District Re	esponsible for Re	eimbursing the	Contract		County		Legal Entity		
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity		
Dawson H S				10	Dawson		0207		
Is this contract shar ☐ yes ☐ no	red between e	lementary ar	id high scho	ol?					
Are you applying fo (If yes, please attact ISOLATION: Section	h explanation)	□ No	mhursamant	Student Name	School	Grade		
rates for special circur increased rates, indivi trustees of the district, Public Instruction. (10	nstances of isolo dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appointment in the contract of the	o receive oproved by the	Student Name	School	Grade		
Check here only if inconstruct Trustees and t	reased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade		
Elem District Approval		□ no	itials		Student Name	School	Grade		
HS District Approval County Approval		□ no			THIS CONTRACT IS FOR:				
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Daryl DeKaye Physical Address (s	street address	only):			Pre-kindergarten/Kind ☐ 1st Semester Only	ergarten 2nd Semester On	ly □ Both Semesters		
					KINDERGARTEN/PR		•		
Distance from home Elementary 0 Distance from home Elementary 0	HS 8	·	•		by this contract: To or from Bus Stop_ To or from School Kindergarten child ri	times per day, times per day, ides without other scho	days per week days per week days per week col-age students: days per week days per week days per week		
□ Contract is for o	ne-way only				To or from School _	times per day, __	days per week		
Students in Each Grade L	evel - Only include	the students to b	be covered by th	is contract.	<u>Deadlines:</u> PARENTS: Due to S	chool Clerk June 1			
	Pre-K Total	K Total	1-8 Total	9-12 Total			ly 1, retain a copy for your		
Regular Trans						ENDENTS: Condition	al ta ODI hu kuku 10 matain a		
Spec. Ed. Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retacopy for your files.				
Room & Board						REIMBURSEMENT R			
Correspondence						·			
Reg. Contingency Spec. Ed. Contin.					Rein	nbursement rate is determ 20-10-142, MCA.	mined by		
opec. La. contin.									
Agreement between	n parent (pare	nt name)		1-	, and school district (d	istrict name)			
insured driver will 2. In March and June transported for the 3. The payment shal	ansport or provide transport the stude e, the District shall p past semester. I be computed on t	nts. Mileage cor pay the parent the	r the student(s) to stracts are valid of e sum officially a chedule establish	o and from the school only when transportation approved in the applicated in Section 20-10-1	ter referred to as the District(or bus stop on the days when school is on for the distance reported on the contion upon certification by the teacher of the distance reported on the comparent of the distance of the distanc	s in session. The parent or guard tract actually occurs. or principal of the school of the nu anying this contract.			
Elementary School	District	Chair, Boa	ard of Truste	es			Date		
High School Distric Dawson H S	t	Chair, Boa	ard of Truste	es			Date		
			I attes	t that the above i	nformation is true and correc	et.			
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			chool Year 2004- 2005 e to School Clerk June 1				
Elementary District Re	esponsible for Re	eimbursing the	Contract		County		Legal Entity		
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity		
Dawson H S					Dawson		0207		
Is this contract shar ☐ yes ☐ no	red between e	lementary ar	nd high scho	ol?					
Are you applying fo	h explanation)	□ No		Student Name	School	Grade		
ISOLATION: Section rates for special circur increased rates, indivitrustees of the district, Public Instruction. (10.	nstances of isolo dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appointment in the contract of the	to receive pproved by the	Student Name	School	Grade		
Check here only if incomplistrict Trustees and t	reased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade		
Elem District Approval	□ yes	Ini □ no	itials		Student Name	School	Grade		
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS	FOR:			
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Onl	ly Both Semesters		
Dee Basta Physical Address (s	street address	only):			Pre-kindergarten/Kind	ergarten □ 2nd Semester Onl	y □ Both Semesters		
					KINDERGARTEN/PR	EKINDERGARTEN:	•		
Distance from home Elementary 0 Distance from home Elementary 0	HS 30	·	•		by this contract: To or from Bus Stop_ To or from School Kindergarten child ri	times per day, times per day, _ des without other scho	days per week days per week days per week col-age students: days per week days per week days per week days per week		
□ Contract is for o	ne-way only				To or from School	times per day, _	days per week		
Students in Each Grade L	evel - Only include	the students to b	be covered by th	is contract.	Deadlines: PARENTS: Due to So	chool Clerk June 1			
	Pre-K Total	K Total	1-8 Total	9-12 Total			ly 1, retain a copy for your		
Regular Trans						ENDENTS: Send origina	al to OPI by July 10 retain a		
Spec. Ed. Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, recopy for your files.				
Room & Board						REIMBURSEMENT R. strict, county and OPI			
Correspondence									
Reg. Contingency Spec. Ed. Contin.					Reim	bursement rate is determ 20-10-142, MCA.	mined by		
Agreement between	n parent (pare	nt name)			, and school district (di	strict name)	,		
insured driver will 2. In March and June transported for the 3. The payment shall	ansport or provide transport the stude e, the District shall p past semester. I be computed on t	nts. Mileage cor pay the parent the	r the student(s) to stracts are valid of e sum officially a chedule establish	o and from the school only when transportation approved in the application Section 20-10-1	ter referred to as the District(s or bus stop on the days when school is on for the distance reported on the cont tion upon certification by the teacher o 42, MCA, and the information accompa r enrolled in school, whichever occurs	s in session. The parent or guard tract actually occurs. r principal of the school of the nu anying this contract.			
Elementary School	District	Chair, Boa	ard of Truste	es			Date		
High School District Dawson H S	t	Chair, Boa	ard of Truste	ees			Date		
			I attes	t that the above i	nformation is true and correc	t.			
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620)-2501	School Year 2004- 2005 Due to School Clerk June 1							
Elementary District Re	sponsible for Re	eimbursing the	Contract		Co	unty		Legal Entity		
High School or K-12 D	istrict Responsil	ole for Reimbur	sing the Cont	ract		unty		Legal Entity		
Dawson H S					D	awson		0207		
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	d high scho	ol?						
Are you applying for (If yes, please attac ISOLATION: Section	h explanation))	□ No	nbursement	Student	Name	School	Grade		
rates for special circun increased rates, individual trustees of the district,	rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)						School	Grade		
Check here only if incr District Trustees and the	due to isolation	n has been ap	proved by the	Student	Name	School	Grade			
Elem District Approval		□ no	ials		Student	Name	School	Grade		
HS District Approval County Approval	,	□ no □ no				ONTRACT IS FO	OR:			
Parent or Guardian	Name: (Pleas	e Print)			Grades □ 1st S	1-12 emester Only	□ 2nd Semester Only	y Both Semesters		
Jackie Whiteake	er				Pre-kind	lergarten/Kinder	rgarten .			
Physical Address (s	treet address	only):					☐ 2nd Semester Only	y Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o	HS 0 e to nearest bu HS 11	·	• /		Kinderg by this To or fro To or fro Kinderg To or fro	parten child ride contract: om Bus Stop om School parten child ride om Bus Stop	times per day, _ times per day, _ times per day, _ es <u>without</u> other scho times per day, _	days per week days per week ol-age students: days per week days per week days per week days per week		
Students in Each Grade Lo		the students to b	e covered by thi	is contract.	<u>Deadl</u>					
	Pre-K	_K	1-8	9-12			ool Clerk June 1.			
Danielan Tana	Total	Total	Total	Total	CLERK files.	S: Send origina	ll to County Supt by July	y 1, retain a copy for your		
Regular Trans Spec. Ed. Trans						Y SUPERINTE! your files.	NDENTS: Send origina	l to OPI by July 10, retain a		
Room & Board							EIMBURSEMENT RA			
Correspondence						(For dis	trict, county and OPI	use only)		
Reg. Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by		
Spec. Ed. Contin.							, -			
Agreement betweer	naront (naro	nt namo)			and so	and district (dist	eriet namo)			
	r parent (paren	nt name)						······································		
insured driver will t 2. In March and June	ansport or provide t ransport the stude , the District shall p	nts. Mileage cont	the student(s) to	only when transportation	or bus stop on the o	ays when school is in eported on the contra	n session. The parent or guard actually occurs.	ian assures that a licensed and mber of days the student(s) was		
	be computed on the			ned in Section 20-10-1 student(s) is no longe						
Elementary School			rd of Truste		ST CHICHEN III SCHOOL	willonever Occurs III:	ot.	Date		
High School District Dawson H S	: :	Chair, Boa	rd of Truste	es				Date		
			I attes	t that the above	information is t	rue and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	0-2501			chool Year 2004- 2005 e to School Clerk June				
Elementary District Re	esponsible for R	eimbursing the	Contract		County	I	Legal Entity		
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity		
Dawson H S				10	Dawson		0207		
Is this contract shar ☐ yes ☐ no	red between e	lementary ar	na nign scho	Ol?					
Are you applying fo (If yes, please attact ISOLATION: Section	h explanation)	□ No	mhursamant	Student Name	School	Grade		
rates for special circur increased rates, indivi trustees of the district, Public Instruction. (10	nstances of isological circumstan the county tran	ation of resider ces must be re sportation com	nce. In order to eviewed and application.	to receive pproved by the	Student Name	School	Grade		
Check here only if inconstruct Trustees and t	reased payment	due to isolatio	n has been ap	oproved by the	Student Name	School	Grade		
Elem District Approval		□ no	itials		Student Name	School	Grade		
HS District Approval County Approval		□ no			THIS CONTRACT IS FOR:				
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Jean F. Rosend Physical Address (s		only):			Pre-kindergarten/K □ 1st Semester O	indergarten nly □ 2nd Semester Onl	y □ Both Semesters		
						PREKINDERGARTEN:	age students also covered		
Distance from home Elementary 0	e to nearest so HS 27	chool (one wa	ay)		by this contract: To or from Bus Sto	p times per day, _	days per week		
Distance from home Elementary 0	e to nearest b	us stop, if an	y (one way)		Kindergarten child	times per day, _ d rides without other scho p times per day, _ times per day, _	ol-age students:		
□ Contract is for o	ne-way only					times per day, _	days per week		
Students in Each Grade L	evel - Only include	the students to I	be covered by th	is contract.	<u>Deadlines:</u> PARENTS: Due to	School Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total		iginal to County Supt by Jul	y 1, retain a copy for your		
Regular Trans						NTENDENTS: Send origina	ıl to OPI by July 10, retain a		
Spec. Ed. Trans					copy for your files.				
Room & Board						REIMBURSEMENT RA			
Correspondence Reg.									
Contingency					R	eimbursement rate is detern 20-10-142, MCA.	nined by		
Spec. Ed. Contin.						20 TO 142, WOA.			
Agreement between	n parent (pare	nt name)			, and school district	(district name)			
(county name) The parties agree as follo				County, hereinaf	ter referred to as the Distri	ict(s).			
 The parent shall tr 	ansport or provide				or bus stop on the days when schoon for the distance reported on the	ool is in session. The parent or guard	ian assures that a licensed and		
 In March and June transported for the 	e, the District shall past semester.	pay the parent th	e sum officially a	approved in the applica	tion upon certification by the teach	er or principal of the school of the nu	mber of days the student(s) was		
This contract shall	terminate at the e	nd of the school	year or when the	student(s) is no longe	42, MCA, and the information according to the control of the contr	ompanying this contract. curs first.	Τ_		
Elementary School	District	Chair, Boa	ard of Truste	ees			Date		
High School Distric Dawson H S	t	Chair, Boa	ard of Truste	es			Date		
			I attes	t that the above i	information is true and cor	rect.			
Signature - Parent or	Guardian			<u></u>		Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	-2501			School Year 2 ie to School (
Elementary District Re	sponsible for Re	imbursing the	Contract		Co	ounty	<u> </u>	Legal Entity	
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	ract	Co	ounty		Legal Entity	
Dawson H S					D	awson		0207	
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					
Are you applying for (If yes, please attac ISOLATION: Section	h explanation)			mbura amant	Student	Name	School	Grade	
rates for special circun increased rates, individ trustees of the district, Public Instruction. (10.	tion of residen ses must be resportation com	ce. In order to viewed and appoint the mittee, and the	o receive oproved by the	Student	t Name	School	Grade		
Check here only if incr District Trustees and the	portation Com	mittee.	proved by the	Student	t Name	School	Grade		
Elem District Approval HS District Approval		no	tials		Student Name School Grade				
County Approval	□ yes	□ no				THIS CONTRACT IS FOR: Grades 1-12			
Parent or Guardian	Name: (Pleas	e Print)				Semester Only	□ 2nd Semester Onl	y Both Semesters	
Joleen Ollermar Physical Address (s		oulv).				dergarten/Kinder		= D # 0	
1 Hysical Address (s	ilicet address	orny).				·	2nd Semester Onl	y Both Semesters	
Distance from home Elementary 0 Distance from home Elementary 0	HS 0	·			Kinder by this To or fro To or fro Kinder To or fro	garten child ride contract: om Bus Stop om School garten child ride om Bus Stop	times per day,times per day,times per day,times per day,times without other schottimes per day,times per day,times per day,times per day,	days per week days per week days per week col-age students: days per week days per week days per week	
□ Contract is for o	, ,						unles per day, _	uays per week	
Students in Each Grade Lo	evel - Only include		e covered by thi	is contract.	<u>Deadl</u> PAREN		ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERK files.	S: Send origina	I to County Supt by Jul	y 1, retain a copy for your	
Regular Trans							IDENTS: Send origina	al to OPI by July 10, retain a	
Spec. Ed. Trans					copy for	r your files.			
Room & Board Correspondence							EIMBURSEMENT RA rict, county and OPI		
Reg.						 Reimb	ursement rate is deterr	mined by	
Contingency Spec. Ed. Contin.							20-10-142, MCA.		
Agreement betweer	n parent (parer	nt name)			, and sc	hool district (dist	rict name)	,	
insured driver will t 2. In March and June transported for the 3. The payment shall	ansport or provide t ransport the studer , the District shall p past semester. be computed on the	nts. Mileage contact the parent the parent the basis of the sc	the student(s) to tracts are valid of e sum officially a hedule establish	o and from the school only when transportati pproved in the applica- ned in Section 20-10-1	or bus stop on the on for the distance of ation upon certification.	reported on the contra	a session. The parent or guard ct actually occurs. rincipal of the school of the nu rying this contract.	dian assures that a licensed and mber of days the student(s) was	
Elementary School			rd of Truste					Date	
High School District Dawson H S		Chair, Boa	rd of Truste	es				Date	
			I attes	t that the above	information is t	rue and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2004- 2005 ue to School Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity		
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract	County		Legal Entity		
Dawson H S					Dawson		0207		
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					
Are you applying for (If yes, please attact	h explanation))	□ No		Student Name	School	Grade		
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com	ice. In order to viewed and a mittee, and th	o receive oproved by the	Student Name	School	Grade		
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade		
Elem District Approval		□ no	tials		Student Name School Grade				
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS FOR:				
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters		
Laurie Goebel Physical Address (s	treet address	only):			Pre-kindergarten/Kinde				
1 Hysical Address (s	street address	Offig).			☐ 1st Semester Only KINDERGARTEN/PRE	□ 2nd Semester Onl	y Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 0	HS 25	·			by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day,tles without other schotimes per day,	days per week days per week ool-age students: days per week		
□ Contract is for o	ne-way only					times per day, _	days per week		
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	Deadlines: PARENTS: Due to Sci	hool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send original to County Supt by July 1, retain a copy for your files.				
Regular Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain				
Spec. Ed. Trans					copy for your files.				
Room & Board					R	EIMBURSEMENT Ratrict, county and OPI			
Correspondence									
Reg. Contingency					Reiml	oursement rate is determ 20-10-142, MCA.	mined by		
Spec. Ed. Contin.						20-10-142, WOA.			
A successor to be to see		1				twist manne			
Agreement between	ı parent (parel	пспаше)		County benefit -	, and school district (dis	,	, , , , , , , , , , , , , , , , , , , ,		
(county name) The parties agree as follow 1. The parent shall tra		transportation for		•	fter referred to as the District(s or bus stop on the days when school is	•	dian assures that a licensed and		
insured driver will t 2. In March and June	ransport the stude	nts. Mileage con	tracts are valid	only when transportati	ion for the distance reported on the contration upon certification by the teacher or	act actually occurs.			
	be computed on the				142, MCA, and the information accompar er enrolled in school, whichever occurs fi				
Elementary School			ard of Truste		er ernolled in school, whichever occurs in	131.	Date		
High School District Dawson H S	t	Chair, Boa	ard of Truste	es			Date		
			I attes	t that the above	information is true and correct.	·			
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			School Year 2004- 2005 le to School Clerk June 1				
Elementary District Re	sponsible for R	eimbursing the	Contract		County		Legal Entity		
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity		
Dawson H S					Dawson		0207		
Is this contract shar	ed between e	lementary ar	nd high scho	ol?					
☐ yes☐ noAre you applying for	r isolation stat	us? □ Yes	□ No		Chudant Nama	Cabaal	Crada		
(If yes, please attac ISOLATION: Section	h explanation 20-10-142, MC) A, provides for	increased rein	mbursement	Student Name	School	Grade		
rates for special circun increased rates, individual trustees of the district, Public Instruction. (10.	nstances of isolo dual circumstan- the county tran	ation of resider ces must be re sportation com	nce. In order to eviewed and apainmittee, and the	o receive oproved by the	Student Name	School	Grade		
Check here only if incr District Trustees and the		sportation Con	nmittee.	proved by the	Student Name	School	Grade		
Elem District Approval HS District Approval		□ no	itials		Student Name	School	Grade		
County Approval	□ yes	no			THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian	Name: (Pleas	se Print)			☐ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters		
Leslie Sams Physical Address (s	treet address	only):			Pre-kindergarten/Kinder		y □ Both Semesters		
,		· ,,			KINDERGARTEN/PRE		y Doin Semesters		
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade Lo	HS 7.1 e to nearest be HS 0 ne-way only	us stop, if an	y (one way)	is contract. 9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch	times per day,times per day,es without other schotimes per day,times per day,times per day,tool Clerk June 1.	days per week days per week days per week ol-age students: days per week days per week days per week days per week		
Regular Trans	Total	Total	Total	Total	files.	i to County Supt by Jul	y 1, retain a copy for your		
Spec. Ed. Trans					COUNTY SUPERINTEI copy for your files.	NDENTS: Send origina	al to OPI by July 10, retain a		
Room & Board						EIMBURSEMENT RA			
Correspondence					(For dis	trict, county and OPI	use only)		
Reg. Contingency					Reimb	ursement rate is deterr	nined by		
Spec. Ed. Contin.						20-10-142, MCA.			
Agreement betweer (county name) The parties agree as follow	vs:		· · · · · · · · · · · · · · · · · · ·	3 ,	ter referred to as the District(s)				
insured driver will t 2. In March and June transported for the 3. The payment shall	ransport the stude , the District shall past semester. be computed on t	ents. Mileage cor pay the parent the he basis of the se	ntracts are valid on e sum officially a chedule establish	only when transportation only when transportation of the application and in Section 20-10-1	or bus stop on the days when school is in on for the distance reported on the contra- tion upon certification by the teacher or p 42, MCA, and the information accompan er enrolled in school, whichever occurs fir	ct actually occurs. rincipal of the school of the nu ying this contract.			
Elementary School			ard of Truste		a emolieu ili scriool, whichever occurs tir	ot.	Date		
High School District		Chair, Boa	ard of Truste	es			Date		
			I attes	t that the above	information is true and correct.		<u> </u>		
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620		School Year 2004- 2005							
Elementary District Res	sponsible for Re	eimbursing the	Contract		County	,	Legal Entity			
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract	County		Legal Entity			
Dawson H S					Dawson		0207			
Is this contract share ☐ yes ☐ no	ed between el	ementary an	d high schoo	ol?						
Are you applying for (If yes, please attach	n explanation))	□ No		Student Name	School	Grade			
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	stances of isola ual circumstand the county trans	ation of resident ces must be resportation com	ice. In order to viewed and appointed and the mittee, and the	o receive oproved by the	Student Name	School	Grade			
Check here only if incre District Trustees and th	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade			
Elem District Approval	□ yes	Ini □ no	tials		Student Name School Grade					
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS FO	OR:				
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Only	y Both Semesters			
Linda L. Koncilya Physical Address (st		only).			Pre-kindergarten/Kinder		Deth Competers			
1 Hydidai 7 ladi ddd (dl		Oy /.			 1st Semester Only KINDERGARTEN/PRE 		y Both Semesters			
Distance from home Elementary 0 Distance from home Elementary 0	HS 5 to nearest bu	`			Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day,times per day,s without other schotimes per day,	days per week days per week days per week ol-age students: days per week days per week days per week			
 Contract is for or Students in Each Grade Le 	, ,	the students to b	e covered by thi	is contract.	Deadlines:					
	Pre-K	K	1-8	9-12	PARENTS: Due to Sch	ool Clerk June 1.				
	Total	Total	Total	Total	CLERKS: Send origina files.	I to County Supt by July	y 1, retain a copy for your			
Regular Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a					
Spec. Ed. Trans					copy for your files.					
Room & Board Correspondence						EIMBURSEMENT RA crict, county and OPI				
Reg.					Reimh	ursement rate is detern	nined by			
Contingency Spec. Ed. Contin.						20-10-142, MCA.				
Agreement between	parent (parer	nt name)			, and school district (dist	rict name)	, , , , , , , , , , , , , , , , , , , ,			
insured driver will tr 2. In March and June, transported for the 3. The payment shall	nsport or provide to ransport the studen the District shall p past semester. be computed on the	nts. Mileage con pay the parent the ne basis of the so	the student(s) to tracts are valid of e sum officially a shedule establish	o and from the school only when transportati pproved in the applicated in Section 20-10-	fter referred to as the District(s) I or bus stop on the days when school is it on for the distance reported on the contration upon certification by the teacher or put 142, MCA, and the information accompaner enrolled in school, whichever occurs fire	n session. The parent or guard ct actually occurs. rincipal of the school of the nur				
Elementary School I			ard of Truste				Date			
High School District Dawson H S		Chair, Boa	ard of Truste	es		Date				
			l attes	t that the above	information is true and correct.					
Signature - Parent or	Guardian					Date				

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	ox 202501 na, MT 59620	-2501			school Year 20 e to School C			
Elementary District Res	sponsible for Re	imbursing the	Contract		Co	unty	-	Legal Entity
High School or K-12 Di	strict Responsit	le for Reimbur	sing the Cont	ract	Co	unty		Legal Entity
Dawson H S					D	awson		0207
Is this contract share □ yes □ no	ed between el	ementary and	d high schoo	ol?				
Are you applying for (If yes, please attact ISOLATION: Section 2	n explanation)			nhura amant	Student	Name	School	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	estances of isola lual circumstand the county trans	tion of residen ses must be rev sportation com	ce. In order to viewed and ap mittee, and the	o receive oproved by the	Student	Name	School	Grade
Check here only if incre District Trustees and th		portation Com	mittee.	proved by the	Student	Name	School	Grade
Elem District Approval HS District Approval		no	ials 		Student	Name	School	Grade
County Approval	□ no			THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian	Name: (Pleas	e Print)				emester Only	□ 2nd Semester Onl	y Both Semesters
Patty Ler Physical Address (s	troot addroos	only):				lergarten/Kinder		
Filysical Address (s	ireet address	orily).				•		y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 26.2	·			Kinderg by this To or fro To or fro Kinderg To or fro	garten child ride contract: om Bus Stop om School garten child ride om Bus Stop	times per day, times per day, _ es <u>without</u> other scho times per day,	days per week days per week ool-age students: days per week days per week days per week days per week
☐ Contract is for or	, ,	the etudente te b	a account by thi	a aantraat	Deadl			
Students in Each Grade Le							ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERK	S: Send origina	I to County Supt by Jul	y 1, retain a copy for your
Regular Trans Spec. Ed. Trans						Y SUPERINTEN your files.	IDENTS: Send origina	al to OPI by July 10, retain a
Room & Board					copy for		EIMBURSEMENT R	ΔΤΕ
Correspondence							rict, county and OPI	
Reg. Contingency Spec. Ed. Contin.						Reimb	ursement rate is detern 20-10-142, MCA.	mined by
Spec. Lu. Contin.								
Agreement between	parent (parei	it name)				nool district (dist		,
insured driver will to 2. In March and June, transported for the 3. The payment shall	Insport or provide to ransport the studer the District shall past semester. be computed on the	nts. Mileage cont yay the parent the	the student(s) to racts are valid of sum officially a nedule establish	only when transportation pproved in the applicated in Section 20-10-1	or bus stop on the con for the distance ration upon certification	lays when school is in eported on the contra on by the teacher or p	a session. The parent or guard ct actually occurs. rincipal of the school of the nu ring this contract.	dian assures that a licensed and umber of days the student(s) was
Elementary School I			ear or when the rd of Truste	student(s) is no longe es	er enrollea in school,	wnicnever occurs firs	SI.	Date
High School District Dawson H S		Chair, Boa	rd of Truste	es				Date
			I attes	t that the above i	information is tr	rue and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			chool Year 2004- 2005 e to School Clerk June 1		
Elementary District Re			Contract		County		Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity
Dawson H S					Dawson		0207
Is this contract shar ☐ yes ☐ no	ed between e	lementary ar	nd high scho	ol?			
Are you applying fo	h explanation)	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circur increased rates, indivitrustees of the district, Public Instruction. (10.	nstances of isolo dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appointment in the contract of the	o receive oproved by the	Student Name	School	Grade
Check here only if incomplistrict Trustees and t	eased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	□ yes	Ini □ no	itials		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS	S FOR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Onl	y 2nd Semester Onl	y Both Semesters
Sandy Barnick Physical Address (s	street address	only):			Pre-kindergarten/Kin ☐ 1st Semester Onl	dergarten y □ 2nd Semester Onl	y □ Both Semesters
						REKINDERGARTEN:	,
Distance from home Elementary 0 Distance from home Elementary 0	HS 22	·	•		by this contract: To or from Bus Stop To or from School Kindergarten child	times per day,times per day,	days per week ol-age students:
□ Contract is for o	ne-way only				To or from School	times per day, _	days per week
Students in Each Grade L	evel - Only include	the students to b	be covered by th	is contract.	Deadlines: PARENTS: Due to 3	School Clerk June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total		ginal to County Supt by Jul	y 1, retain a copy for your
Regular Trans						TENDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.	TENDENTO: Gend ongine	
Room & Board					(For	REIMBURSEMENT RA	
Correspondence							
Reg. Contingency Spec. Ed. Contin.					Re	imbursement rate is detern 20-10-142, MCA.	nined by
opeo. La. contin.							
Agreement between	n parent (pare	nt name)			, and school district (district name)	,
insured driver will 2. In March and June transported for the 3. The payment shall	ansport or provide transport the stude to, the District shall properties past semester.	nts. Mileage cor pay the parent the	r the student(s) to stracts are valid of e sum officially a chedule establish	o and from the school only when transportation approved in the applicated in Section 20-10-1	ter referred to as the District or bus stop on the days when school for the distance reported on the cition upon certification by the teacher 42, MCA, and the information accomended in school, whichever occur	I is in session. The parent or guard ontract actually occurs. or principal of the school of the nu apanying this contract.	
Elementary School			ard of Truste				Date
High School District Dawson H S	t	Chair, Boa	ard of Truste	es			Date
			l attes	t that the above i	nformation is true and corre	ect.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	0-2501			e to School Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity
Dawson H S					Dawson		0207
Is this contract shar ☐ yes ☐ no	red between e	lementary ar	nd high scho	ol?			
Are you applying fo (If yes, please attac	h explanation)	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circur increased rates, indivitrustees of the district, Public Instruction. (10.	nstances of isolo dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appointment in the contract of the	o receive oproved by the	Student Name	School	Grade
Check here only if incomplistrict Trustees and t	reased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	□ yes	Ini □ no	itials		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS I	FOR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester On	ly Both Semesters
Tasha Plew Physical Address (s	street address	only):			Pre-kindergarten/Kinde	ergarten □ 2nd Semester On	ly □ Both Semesters
, ,		,,			KINDERGARTEN/PRI		y both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o	HS 7 e to nearest bu HS 0	·	•		by this contract: To or from Bus Stop_ To or from School Kindergarten child ri	times per day, times per day, des without other scho	days per week days per week days per week col-age students: days per week days per week days per week
Students in Each Grade L		the students to b	ne covered by th	is contract.	Deadlines:		
	Pre-K Total	K Total	1-8 Total	9-12 Total	PARENTS: Due to So		h. A. makata a samu famusan
Regular Trans	Total	TOTAL	TOTAL	Total	files.	ial to County Supt by Ju	ly 1, retain a copy for your
Spec. Ed. Trans					COUNTY SUPERINTE copy for your files.	ENDENTS: Send origina	al to OPI by July 10, retain a
Room & Board						REIMBURSEMENT R strict, county and OPI	
Correspondence					(i oi di	strict, county and or i	use offiy)
Reg. Contingency Spec. Ed. Contin.					Reim	bursement rate is detern 20-10-142, MCA.	mined by
Spec. La. Contin.							
Agreement between	n parent (pare	nt name)			, and school district (di	strict name)_	,
(county name) The parties agree as follor The parent shall trinsured driver will In March and June transported for the The payment shall	ws: ansport or provide transport the stude transport shall to past semester.	transportation for nts. Mileage corpay the parent the	r the student(s) to the student state of the	County, hereinaf o and from the school only when transportation approved in the application	ter referred to as the District(s or bus stop on the days when school is on for the distance reported on the cont tion upon certification by the teacher or 42, MCA, and the information accompa or enrolled in school, whichever occurs is	in session. The parent or guardract actually occurs. principal of the school of the number of the school of the s	
Elementary School			ard of Truste				Date
High School District Dawson H S	t	Chair, Boa	ard of Truste	es			Date
			I attes	t that the above i	information is true and correct	:.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	ox 202501 a, MT 59620	-2501			e to School	2004- 2005 Clerk June 1		
Elementary District Res	ponsible for Re	imbursing the	Contract		C	County	<u> </u>	Legal Entity
High School or K-12 Dis	strict Responsib	le for Reimbur	sing the Cont	ract	C	County		Legal Entity
Dawson H S					Г	Dawson		0207
Is this contract share □ yes □ no	d between el	ementary and	d high schoo	ol?				
Are you applying for (If yes, please attach ISOLATION: Section 2	explanation)			nhura amant	Studer	nt Name	School	Grade
rates for special circum- increased rates, individe trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand he county trans	tion of residen- es must be revenues to the comment of the comment	ce. In order to viewed and appointed and the	o receive oproved by the	Studer	nt Name	School	Grade
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the	Studer	nt Name	School	Grade
Elem District Approval		no	ials 		Studer	nt Name	School	Grade
HS District Approval County Approval	no			THIS (Grade:	CONTRACT IS FO	DR:		
Parent or Guardian N	Name: (Pleas	e Print)				s 1-12 Semester Only	□ 2nd Semester Onl	y Both Semesters
Teresa L. Wade						ndergarten/Kinder		
Physical Address (st	reet address	only):			□ 1st	Semester Only	□ 2nd Semester Onl	y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for on Students in Each Grade Le	HS 6 to nearest bu HS 0 se-way only	s stop, if any	(one way)	s contract.	Kinder by this To or f To or f Kinder To or f To or f	rgarten child ride s contract: rom Bus Stop rom School rgarten child ride rom Bus Stop	times per day,times per day,s without other school times per day,times per day,times per day,	days per week days per week days per week col-age students: days per week days per week days per week
	Pre-K Total	K Total	1-8 Total	9-12 Total				y 1, retain a copy for your
Regular Trans	100			10101	files.	nto: Gena origina	to county cupt by our	y 1, retain a copy for your
Spec. Ed. Trans						TY SUPERINTEN or your files.	IDENTS: Send origina	al to OPI by July 10, retain a
Room & Board							EIMBURSEMENT RA	
Correspondence						(1 of diot	not, obtainly time of t	uoe omy)
Reg. Contingency						Reimb	ursement rate is deterr	mined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement between	parent (parer	nt name)				chool district (dist	,	,
insured driver will trace. In March and June, transported for the payment shall be traced to	nsport or provide to ansport the studer the District shall poast semester. be computed on the	nts. Mileage cont ay the parent the se basis of the scl	the student(s) to racts are valid of sum officially a nedule establish	o and from the school only when transportation pproved in the applicated in Section 20-10-1	or bus stop on the on for the distance ation upon certifica 42, MCA, and the	reported on the contraction by the teacher or p	session. The parent or guard t actually occurs. rincipal of the school of the nu ring this contract.	dian assures that a licensed and mber of days the student(s) was
4. This contract shall to Elementary School D			ear or when the rd of Truste		er enrolled in school	ol, whichever occurs firs	il.	Date
High School District Dawson H S		Chair, Boa	rd of Truste	es				Date
			I attes	t that the above i	information is	true and correct.		•
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity		
Glendive Elem					Dawson		0206		
High School or K-12 D	strict Responsit	ole for Reimbu	rsing the Cont	ract	County		Legal Entity		
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?					
Are you applying for			□ No		Student Name	School	Grade		
(If yes, please attack ISOLATION: Section 2)	n explanation) 20-10-142, MCA	A, provides for	increased reir	nbursement		Concor	Grado		
rates for special circum increased rates, individual trustees of the district, Public Instruction. (10.	stances of isola lual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to eviewed and apprinted in the contract of the	o receive oproved by the	Student Name	School	Grade		
Check here only if incre	eased payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade		
District Trustees and the Elem District Approval	□ yes	In □ no	itials		Student Name	School	Grade		
HS District Approval County Approval		□ no □ no			THIS CONTRAC	T IS FOR:			
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester	Only 2nd Semester	Only Both Semesters		
Amy Ree					Pre-kindergarten	•	,		
Physical Address (s	treet address	only):					Only Both Semesters		
					<u>KINDERGARTE</u>	N/PREKINDERGARTEN:			
Distance from home Elementary 13.1	to nearest so HS 0	chool (one wa	ay)		by this contract	:	ay, days per week ay, days per week		
Distance from home Elementary 0	to nearest bu HS 0	ıs stop, if an	y (one way)		Kindergarten ch To or from Bus S	nild rides <u>without</u> other s Stop times per da	achool-age students: ay, days per week		
☐ Contract is for or	ne-way only				To or from School	ol times per da	ay, days per week		
Students in Each Grade Le	evel - Only include	the students to I	be covered by thi	is contract.	Deadlines:	to School Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send		/ July 1, retain a copy for your		
Regular Trans					files.				
Spec. Ed. Trans					COUNTY SUPE copy for your file		iginal to OPI by July 10, retain a		
Room & Board						REIMBURSEMEN [*]	T RATE		
Correspondence					(F	For district, county and	OPI use only)		
Reg.						D :			
Contingency						Reimbursement rate is de 20-10-142, MC			
Spec. Ed. Contin.									
Agreement between	parent (parei	nt name)			, and school distr	ict (district name)	,		
(county name)				County, hereina	fter referred to as the Dis	strict(s).			
	nsport or provide t						guardian assures that a licensed and		
	the District shall p				ion for the distance reported on t ation upon certification by the tea		he number of days the student(s) was		
The payment shall	be computed on th	ne basis of the so	chedule establish	ned in Section 20-10- student(s) is no long	142, MCA, and the information a er enrolled in school, whichever	ccompanying this contract.			
Elementary School			ard of Truste				Date		
Glendive Elem High School District		Chair, Boa	ard of Truste	rustees Date					
			l attes	t that the above	information is true and o	correct			
Signature - Parent or	Guardian		1 41163	t triat trie above	morniquon io true alla c	Date			
-						i			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

PO Box 202501 Helena, MT 5962	0-2501	Due to School Clerk June 1					
Elementary District Responsible for R	Reimbursing the Cont	ract	County		Legal Entity		
Glendive Elem			Dawson		0206		
High School or K-12 District Respons	ible for Reimbursing	the Contract	County		Legal Entity		
Is this contract shared between e	elementary and hig	gh school?	·				
Are you applying for isolation sta		No	Student Name	School	Grade		
(If yes, please attach explanation ISOLATION: Section 20-10-142, MC		ased reimbursement		Concor	Ciudo		
rates for special circumstances of isol increased rates, individual circumstan trustees of the district, the county tran	nces must be reviewen reportation committee	ed and approved by the e, and the Office of	Student Name	School	Grade		
Public Instruction. (10.7.116 ARM pro	<u> </u>	,	Student Name	School	Grade		
Check here only if increased paymen District Trustees and the County Tran	sportation Committe						
Elem District Approval ☐ yes	Initials □ no		Student Name	School	Grade		
HS District Approval ☐ yes County Approval ☐ yes	□ no		THIS CONTRACT IS FO	OR:			
Parent or Guardian Name: (Pleas	se Print)		Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters		
Della Braden			Pre-kindergarten/Kinder	garten			
Physical Address (street address	s only):		☐ 1st Semester Only		/ □ Both Semesters		
			KINDERGARTEN/PREI	KINDERGARTEN:			
Distance from home to nearest s Elementary 4 HS 0	chool (one way)		by this contract:		ge students also covered days per week		
Distance from home to nearest be Elementary 0 HS 0	ous stop, if any (on	e way)	To or from School Kindergarten child ride	times per day, _ es without other scho	days per week ol-age students: days per week days per week days per week		
□ Contract is for one-way only			To or from School	times per day, _	days per week		
Students in Each Grade Level - Only include	e the students to be cove	ered by this contract.	Deadlines: PARENTS: Due to Sch	aal Clark Juna 1			
Pre-K		1-8 9-12					
Total	Total T	otal Total	CLERKS: Send origina files.	I to County Supt by July	/ 1, retain a copy for your		
Regular Trans			COUNTY SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a		
Spec. Ed. Trans			copy for your files.	12_itto: Cond ongina			
Room & Board				EIMBURSEMENT RA			
Correspondence			(For dist	rict, county and OPI	use only)		
Reg.			D : -		.		
Contingency			Reimb	ursement rate is determ 20-10-142, MCA.	nined by		
Spec. Ed. Contin.							
Agreement between parent (pare	ent name)		, and school district (dist	rict name)	······································		
(county name) The parties agree as follows:		County, hereina	after referred to as the District(s).				
 The parent shall transport or provide 			ol or bus stop on the days when school is in ation for the distance reported on the contra		ian assures that a licensed and		
In March and June, the District shall transported for the past semester.	pay the parent the sum	officially approved in the appli	ication upon certification by the teacher or p	rincipal of the school of the nur	nber of days the student(s) was		
The payment shall be computed on this contract shall terminate at the example.	end of the school year or	when the student(s) is no long	0-142, MCA, and the information accompany ger enrolled in school, whichever occurs firs				
Elementary School District Glendive Elem	Chair, Board of	f Trustees			Date		
High School District	Chair, Board of	f Trustees			Date		
		I attest that the above	e information is true and correct.				
Signature - Parent or Guardian				Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005 Due to School Clerk June Contract #

Heler	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1				
Elementary District Re	sponsible for Re	imbursing the	Contract			County	_	Legal Entity		
Glendive Elem						Dawson		0206		
High School or K-12 D	istrict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share	ad batwaan al	omonton, on	d high coho	al2						
g yes no	ea between ei	ementary an	a nign schoo	JI ?						
Are you applying for	isolation statu	us? □ Yes	□ No		Stu	dent Name	School		Grade	
(If yes, please attack ISOLATION: Section 2	h explanation)	nrovides for	increased rein	nhursement]]	dent Name	301001		Grade	
rates for special circum	nstances of isola	tion of resider	ice. In order to	o receive	Stu	dent Name	School		Grade	
increased rates, individe trustees of the district,	the county trans	portation com	mittee, and the		Stut	dent Name	301001		Grade	
Public Instruction. (10.	7.116 ARM prov	ides guideline	s for such.)		Stud	dent Name	School		Grade	
Check here only if incre District Trustees and the	eased payment	due to isolatio	n has been ap	proved by the	Otac	ioni ramo	Concor		Grade	
		Ini	tials		Stud	dent Name	School		Grade	
Elem District Approval HS District Approval		□ no □ no								
County Approval		□ no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>			
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly 🗆 Both Se	mesters	
Joni & Mike Gar	pestad				Pro-	kindergarten/Kinder	narten			
Physical Address (s	treet address	only):				Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
					KIN	DERGARTEN/PRE	(INDEDGAPTEN:			
D: 1			,		Kind	dergarten child ride	es with other school-	age students a	lso covered	
Distance from home Elementary 10	to nearest sc HS 0	nool (one wa	ay)		by t	his contract:	times per day, _	day	s ner week	
•					To c	or from School	times per day,	day	s per week	
Distance from home Elementary 0	to nearest bu HS 0	is stop, if an	y (one way)		Kin	dergarten child ride	es <u>without</u> other scho times per day,	ool-age studen	ts:	
,					To	or from School	times per day,	day	s per week	
□ Contract is for o	, ,				Do	adlinaa.				
Students in Each Grade Le	evel - Only include	tne students to t	e covered by thi	is contract.	PAF	adlines: RENTS: Due to Sch	ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total					6	
	Total	TOtal	iotai	Total	files		to County Supt by Jul	iy i, retain a co	py ior your	
Regular Trans					601	INTY CUREDINITES	IDENTS: Cond origin	al ta ODI bu lul	. 10	
Spec. Ed. Trans						for your files.	IDENTS: Send origina	ar to OPI by July	y 10, retain a	
Room & Board						DE	EIMBURSEMENT R	ΛTE		
Room & Board							rict, county and OPI			
Correspondence						,		,		
Reg.						Peimbi	ursement rate is deteri	mined by		
Contingency Spec. Ed. Contin.						T CITIB	20-10-142, MCA.	illinica by		
Spec. Lu. Contin.										
Agreement between	n parent (parer	nt name)			, and	d school district (distr	rict name)		,	
(county name)			,	County horoing	ftor referred	to as the District(s).				
The parties agree as follow				•		` ,				
insured driver will to	ransport the studer	nts. Mileage con	tracts are valid of	only when transporta	tion for the dista	nce reported on the contract				
transported for the	past semester.	•	•		•		rincipal of the school of the nu	uniber of days the stu	iuent(s) was	
 This contract shall 	terminate at the en	d of the school y	ear or when the	student(s) is no long		the information accompany shool, whichever occurs firs				
Elementary School Glendive Elem	District	Chair, Boa	ard of Truste	es				Date		
High School District		Chair, Boa	ard of Truste	es				Date		
			I attes	t that the above	information	is true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501	Due to School Clerk June 1							
Elementary District Re	sponsible for Re	imbursing the	Contract			County	,	Legal Entity		
Glendive Elem						Dawson		0206		
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share □ yes □ no	ed between el	ementary ar	d high school	ol?						
Are you applying for			□ No		Stuc	lent Name	School		Grade	
(If yes, please attaction: Section	20-10-142, MCA	, provides for								
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	lent Name	School		Grade	
Public Instruction. (10.	·	J	,		Stuc	lent Name	School		Grade	
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the						
Elem District Approval		no	tials		Stud	Student Name School Grade				
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FOR:					
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	y Both Sei	mesters	
Marta Asche					Pre-	kindergarten/Kinder	parten			
Physical Address (s	treet address	only):					2nd Semester Onl	y 🗆 Both Sei	mesters	
						DERGARTEN/PRE				
Distance from home Elementary 17	to nearest so HS 0	hool (one wa	ay)		bv t	his contract:	es <u>with</u> other school-a times per day,	_		
Distance from home Elementary 0	to nearest bu	ıs stop, if an	y (one way)		Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho times per day, _	ol-age student	ts:	
□ Contract is for o	ne-wav only				To o	r from School	times per day,	days	per week	
Students in Each Grade Le	• •	the students to b	be covered by thi	is contract.		adlines:				
	Pre-K	K	1-8	9-12	PAR	RENTS: Due to Scho	ool Clerk June 1.			
Regular Trans	Total	Total	Total	Total	CLE files		to County Supt by Jul	y 1, retain a cop	y for your	
Spec. Ed. Trans						JNTY SUPERINTEN of for your files.	IDENTS: Send origina	al to OPI by July	10, retain a	
Room & Board						RE	IMBURSEMENT RA	ATE		
Correspondence							rict, county and OPI			
Reg.										
Contingency						Reimbi	ursement rate is deterr 20-10-142, MCA.	nined by		
Spec. Ed. Contin.							20 10 112, 111071.			
Agreement betweer	parent (parer	nt name)			, and	school district (distr	rict name)		,	
(county name)			(County, hereina	after referred	to as the District(s).				
	ansport or provide t						session. The parent or guard	lian assures that a lic	ensed and	
	, the District shall p					nce reported on the contraction by the teacher or proceedings of the contraction by the teacher or proceedings of the contraction of the contracti	ct actually occurs. Fincipal of the school of the nu	mber of days the stu	dent(s) was	
The payment shall	be computed on th	e basis of the so	chedule establish	ned in Section 20-10 student(s) is no long	-142, MCA, and	the information accompany	ing this contract. t.			
Elementary School District Chair, Board of Trustees					,	,		Date		
Glendive Elem High School District		Chair, Boa	ard of Truste	es				Date		
		<u> </u>	Lattes	t that the chara	information	is true and correct				
Signature - Parent or	Guardian		ı alles	t triat trie above	וווטווומנוטוו	is true and correct.	Date			
<u> </u>										

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	MT 59620-2501 Due to School Clerk June 1						
Elementary District Resp	onsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity
Glendive Elem						Dawson		0206
High School or K-12 Dis	trict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract shared ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?				
Are you applying for i	solation statu	us? □ Yes	□ No		Stuc	lent Name	School	Grade
(If yes, please attach ISOLATION: Section 20	explanation) 0-10-142. MCA	. provides for	increased rein	nbursement	Otac	ient Name	GCHOOL	Orado
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7.	tances of isola al circumstanc ne county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	receive proved by the	Stuc	lent Name	School	Grade
Check here only if increa	ased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade
Elem District Approval HS District Approval	□ yes □		itials			lent Name	School	Grade
		no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>	
Parent or Guardian N	lame: (Pleas	e Print)				st Semester Only	☐ 2nd Semester Only	y Both Semesters
Susan J. Atwell Physical Address (str	eet address	only):				kindergarten/Kinder st Semester Only		y Both Semesters
Distance from home Elementary 10.5 Distance from home Elementary 0 Contract is for one Students in Each Grade Leventary 10 Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 e-way only	s stop, if an	y (one way)	s contract. 9-12 Total	Kind by ti To co Kind To co To co Dea PAR CLE files	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School delines: del	times per day, tool Clerk June 1.	days per week da
insured driver will tra 2. In March and June, the transported for the part of the payment shall be	: sport or provide t nsport the studer he District shall past semester. e computed on th rminate at the en	ransportation for this. Mileage cor ay the parent the basis of the school Chair, Boa	r the student(s) to tracts are valid o e sum officially ap	county, hereinaft o and from the school only when transportation oproved in the applicated in Section 20-10-1 student(s) is no longe	ter referred or bus stop on on for the dista tition upon certif 42, MCA, and	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nur ring this contract.	ian assures that a licensed and mber of days the student(s) was Date Date
0:			I attest	that the above i	information	is true and correct.	D.U.	
Signature - Parent or G	uardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School Clerk	June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County			Legal Entity
Bloomfield Elen	1				Daws	:on		0215
High School or K-12 D		ole for Reimbu	rsing the Cont	tract	County			Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?				
Are you applying for			□ No		Student Nan		School	Grade
(If yes, please attac			increased reir	mbursement	Olddelli Hall		0011001	Ciudo
rates for special circum increased rates, individ	dual circumstand	ces must be re-	viewed and ap	oproved by the	Student Nan	ne	School	Grade
trustees of the district, Public Instruction. (10.				е Опісе от				
Check here only if incr District Trustees and the				proved by the	Student Nan	ne	School	Grade
Elem District Approval		□ no	tials		Student Nan	ne	School	Grade
HS District Approval County Approval					THIS CONT		DR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Seme		□ 2nd Semester Only	/ □ Both Semesters
Connie Mullet					Pre-kinderga	arten/Kinder	garten	
Physical Address (s	treet address	only):						/ □ Both Semesters
					KINDERGA	RTEN/PRE	(INDERGARTEN:	
Distance from home Elementary 11	e to nearest so HS 0	chool (one wa	ıy)		by this cont	ract:		ge students also covered days per week
Distance from home Elementary 0	e to nearest bu HS 0	ıs stop, if any	(one way)		To or from S Kindergarte	chool en child ride	times per day, _ es without other scho	days per week ol-age students:
•					To or from B	us Stop chool	times per day, _ times per day, _	days per week days per week
☐ Contract is for o Students in Each Grade L	, ,	the students to h	e covered by th	is contract	Deadlines			
Olddonio in Edon Olddo E							ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: S	Send original	to County Supt by July	/ 1, retain a copy for your
Regular Trans						IPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans					copy for you		DENTO: Ocha oligina	
Room & Board							IMBURSEMENT RA	
Correspondence						(FOI GIST	rict, county and OPI	use only)
Reg. Contingency						Reimbi	ursement rate is determ	 nined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement betweer	n narent (nare	nt name)			and school	district (dist	rict name)	
	r parent (paren	it riamo)					ict name)	,
(county name) The parties agree as follow		transportation for		•	er referred to as th	, ,	session. The parent or quard	ian assures that a licensed and
insured driver will t	ransport the stude	nts. Mileage con	tracts are valid o	only when transportation	on for the distance reporte	d on the contract	ct actually occurs.	nber of days the student(s) was
transported for the 3. The payment shall	past semester. be computed on the	ne basis of the sc	hedule establish	ned in Section 20-10-1	42, MCA, and the informa	tion accompany	ring this contract.	, , , , , , , , , , , , , , , , , , ,
Elementary School			ear or when the ard of Truste		r enrolled in school, which	never occurs firs	t.	Date
Bloomfield Elem High School District		Chair. Boa	rd of Truste	es				Date
3 2223. 2.04.100				· 				
0:	0		l attes	t that the above i	nformation is true a	ind correct.	D.11	
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	-2501		Di	ue to School C	erk June 1			
Elementary District Res	sponsible for Re	eimbursing the	Contract		Cou	ınty		Legal Entity	
Bloomfield Elem	1				Da	ıwson		0215	
High School or K-12 Di	istrict Responsit	ole for Reimbu	rsing the Conf	tract	Cou	inty		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary ar	nd high scho	ol?					
Are you applying for			□ No		Student I	Name	School		Grade
(If yes, please attach ISOLATION: Section 2 rates for special circum	20-10-142, MCA	A, provides for							
increased rates, individ trustees of the district,	lual circumstand	es must be re	viewed and a	oproved by the	Student I	Name	School		Grade
Public Instruction. (10.7				c cilioc di	Student	Name	School		Grade
Check here only if incre District Trustees and th				proved by the	Student	vame	GCHOOL		Orace
Elem District Approval	□ yes	In □ no	itials		Student I	Name	School		Grade
HS District Approval County Approval		□ no □ no				NTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades 1 □ 1st Se	-12 emester Only	□ 2nd Semester Only	y □ Both Se	emesters
Cynthia L. Grein	nan				Pre-kinde	ergarten/Kinder	garten		
Physical Address (st	treet address	only):					☐ 2nd Semester Only	y 🛛 Both Se	mesters
							KINDERGARTEN:		.1
Distance from home		hool (one wa	ay)		by this o	ontract:	es <u>with</u> other school-a	_	
Elementary 10	HS 0				To or fro	m Bus Stop m School	times per day, _ times per day, _ s <u>without</u> other scho	day day	s per week s per week
Distance from home Elementary 0	to nearest bu HS 0	ıs stop, if an	y (one way)		Kinderg To or fro	arten child ride m Bus Stop	es <u>without</u> other scho times per day, _ times per day, _	ol-age studen day	ts: s per week
☐ Contract is for or	ne-way only				To or fro	m School	times per day, _	day	s per week
Students in Each Grade Le	evel - Only include	the students to I	be covered by th	is contract.	Deadli		ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total			I to County Supt by July	y 1, retain a co	py for your
Regular Trans					files.				
Spec. Ed. Trans						SUPERINTEN your files.	NDENTS: Send origina	ll to OPI by Jul	y 10, retain a
Room & Board						RE	EIMBURSEMENT RA	ATE	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.									
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.									
Agreement between	parent (parei	nt name)			, and sch	ool district (dist	rict name)		······································
(county name)	vs:			County, hereinal	fter referred to a	s the District(s).			
insured driver will tr	ransport the studer	nts. Mileage cor	ntracts are valid of	only when transportati	ion for the distance re	ported on the contra	n session. The parent or guard ct actually occurs.		
transported for the	past semester.				ation upon certification 142, MCA, and the inf		rincipal of the school of the nur	mper or days the stu	ident(s) was
	terminate at the er	d of the school		student(s) is no longe	er enrolled in school,			Date	
Bloomfield Elem High School District		,	ard of Truste					Date	
Tilgii School District		Criali, DO	ard or rruste					Date	
			l attes	t that the above	information is tru	ue and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501	Due to School Clerk June 1					
Elementary District Re	sponsible for Re	imbursing the (Contract			County	<u> </u>	Legal Entity
Bloomfield Elem	1					Dawson		0215
High School or K-12 D	istrict Responsit	le for Reimburs	sing the Cont	ract		County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	high scho	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	tion of residences must be reversely common time.	ce. In order to iewed and appointed, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	Initi □ no □ no	ials		Stud	dent Name	School	Grade
County Approval	□ yes	□ no				S CONTRACT IS FO des 1-12	DR:	
Parent or Guardian	•	e Print)				st Semester Only	□ 2nd Semester On	ly Both Semesters
Julie & Shawn V		oulv).				-kindergarten/Kinder		h
i ilyolodi / tadi oco (o	ar oot addr ood	O(11)				·		ly Both Semesters
Distance from home Elementary 34 Distance from home Elementary 0 Contract is for o Students in Each Grade Lu	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract.	Kin by t To c Kin To c To c	chis contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines:	times per day, times per day, times per day, es <u>without</u> other scho times per day, times per day,	days per week days per week days per week col-age students: days per week days per week days per week
	Pre-K	K	1-8	9-12	PAF	RENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLE files	-	to County Supt by Jul	ly 1, retain a copy for your
Regular Trans							IDENTS: Sand origina	al to OPI by July 10, retain a
Spec. Ed. Trans						y for your files.	IDENTS. Send ongine	ar to OFT by July 10, Tetaill a
Room & Board							EIMBURSEMENT R	
Correspondence						(i oi dist	rict, county and Or i	use offiy)
Reg. Contingency						Reimb	ursement rate is deter	mined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement betweer	n parent (parei	nt name)			, and	d school district (dist	rict name)	,
insured driver will to 2. In March and June transported for the	ansport or provide t ransport the studer , the District shall p past semester.	nts. Mileage contr ay the parent the	the student(s) to racts are valid of sum officially a	o and from the school only when transportation pproved in the applica	or bus stop or on for the dista ation upon cert	ince reported on the contractification by the teacher or pro-	session. The parent or guard ct actually occurs. rincipal of the school of the nu	dian assures that a licensed and imber of days the student(s) was
 This contract shall 	terminate at the er	d of the school ye	ear or when the	student(s) is no longe		the information accompany chool, whichever occurs first		Data
Elementary School Bloomfield Elem		Chair, Boar						Date
High School District	<u>. </u>	Chair, Boar	rd of Truste	es				Date
			I attes	t that the above	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	-2501		Di	ue to School Cl	erk June 1			
Elementary District Res	sponsible for Re	eimbursing the	Contract		Cou	nty	<u>'</u>	Legal Entity	
Bloomfield Elem					Da	wson		0215	
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Con	tract	Cou	nty		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary ar	nd high scho	ol?					
Are you applying for			□ No		Student N	lame	School		Grade
(If yes, please attach	20-10-142, MCA	A, provides for							
rates for special circum increased rates, individ trustees of the district,	ual circumstand	es must be re	eviewed and a	oproved by the	Student N	lame	School		Grade
Public Instruction. (10.7				o ooo o.	Student N	lame	School		Grade
Check here only if incre District Trustees and th				proved by the	Student	iaiiie	SCHOOL		Grade
Elem District Approval	□ yes	In □ no	itials		Student N	lame	School		Grade
HS District Approval County Approval	□ yes □ yes	□ no □ no			THIS CO	NTRACT IS FO	OR:		
Parent or Guardian		e Print)			Grades 1 □ 1st Se	-12 mester Only	□ 2nd Semester Onl	v □ Both Se	emesters
Kandy Murray						rgarten/Kinder		,	
Physical Address (st	treet address	only):					2nd Semester Onl	y 🗆 Both Se	emesters
							KINDERGARTEN:		
Distance from home		hool (one w	ay)		by this c	ontract:	es <u>with</u> other school-	•	
Elementary 15	HS 0				To or fron	n Bus Stop	times per day, _	day	s per week
Distance from home Elementary 0	to nearest bu	ıs stop, if an	y (one way)		Kinderga	rten child ride	times per day, _es <u>without</u> other scho	ool-age studen	ts:
·					To or from	n Bus Stop n School	times per day,times per day, _	day day	s per week s per week
☐ Contract is for or Students in Each Grade Le	, ,	the students to	be covered by th	is contract.	Deadlir	nes:			
	Pre-K	К	1-8	9-12			ool Clerk June 1.		
	Total	Total	Total	Total	CLERKS files.	: Send origina	I to County Supt by Jul	y 1, retain a co	py for your
Regular Trans						OUDEDINE	IDENTO O condiciono	-Lt- ODLb- bi	.40
Spec. Ed. Trans					copy for y		IDENTS: Send origina	al to OPI by July	y 10, retain a
Room & Board						RE	EIMBURSEMENT RA	ATE	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						_			
Contingency						Reimb	ursement rate is deterr 20-10-142, MCA.	mined by	
Spec. Ed. Contin.							,		
Agreement between	parent (pare	nt name)			, and scho	ool district (dist	rict name)		,
(county name)				County, hereinat	fter referred to as	the District(s).			
	nsport or provide						session. The parent or guard	dian assures that a li	censed and
	the District shall p				ion for the distance repation upon certification		ct actually occurs. rincipal of the school of the nu	imber of days the stu	ident(s) was
The payment shall	be computed on th				142, MCA, and the info er enrolled in school, w				
Elementary School I			ard of Truste		er ernoned iri seriooi, w	micricver occurs me	5t.	Date	
Bloomfield Elem High School District		Chair, Bo	ard of Truste	es				Date	
			1 -44	t that the character	information in to	o and sor== = t			
Signature - Parent or	Guardian		ı attes	t that the above	information is tru	e and correct.	Date		
Jignature - raient Of	-uu: uiaii						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	-2501		Di	ie to School C	erk June 1			
Elementary District Res	sponsible for Re	eimbursing the	Contract		Соц	inty		Legal Entity	
Bloomfield Elem	l				Da	wson		0215	
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Conf	tract	Cou	inty		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary ar	nd high scho	ol?					
Are you applying for (If yes, please attach			□ No		Student I	Name	School		Grade
ISOLATION: Section 2	20-10-142, MCA	A, provides for							
rates for special circum increased rates, individ	ual circumstand	es must be re	viewed and a	oproved by the	Student I	Name	School		Grade
trustees of the district, t Public Instruction. (10.7				e Office of	Chird and		Cabaal		Orada
Check here only if incre District Trustees and th				proved by the	Student I	vame	School		Grade
Elem District Approval	□ yes	In □ no	itials		Student I	Name	School		Grade
HS District Approval County Approval		□ no □ no				NTRACT IS FO	DR:		
Parent or Guardian I	Name: (Pleas	e Print)			Grades 1 □ 1st Se	-12 emester Only	□ 2nd Semester Onl	y □ Both Se	emesters
Mary B. Zimdars	3					ergarten/Kinder	garten	,	
Physical Address (st	reet address	only):					2nd Semester Onl	y 🛘 Both Se	emesters
							KINDERGARTEN:		
Distance from home		hool (one w	ay)		by this o	ontract:	es <u>with</u> other school-a	_	
Elementary 9	HS 0				To or fro	m Bus Stop	times per day, _	day	s per week s per week
Distance from home Elementary 0	to nearest bu	ıs stop, if an	y (one way)		Kinderg To or fro	arten child riden m Bus Stop	times per day, _es without other scho times per day, _ times per day, _	ol-age studen day	ts: s per week
☐ Contract is for or	ne-way only				To or fro	m School	times per day, _	day	s per week
Students in Each Grade Le	vel - Only include	the students to I	be covered by th	is contract.	Deadli		ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total			I to County Supt by Jul	v 1. retain a co	pv for vour
Regular Trans					files.	ŭ	, ,	,	, ,
Spec. Ed. Trans						SUPERINTEN your files.	IDENTS: Send origina	al to OPI by Jul	y 10, retain a
Room & Board						RE	EIMBURSEMENT RA	ATE	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						_			
Contingency						Reimb	ursement rate is deterr 20-10-142, MCA.	nined by	
Spec. Ed. Contin.							·		
Agreement between	parent (parer	nt name)			, and sch	ool district (dist	rict name)		······································
(county name) The parties agree as follow	· · · · · · · · · · · · · · · · · · ·			County, hereinat	fter referred to a	s the District(s).			
 The parent shall train 	nsport or provide t			o and from the school			session. The parent or guard	lian assures that a li	censed and
In March and June, transported for the part of th	the District shall p past semester.	ay the parent th	e sum officially a	pproved in the applica	ation upon certification	by the teacher or p	rincipal of the school of the nu	mber of days the stu	udent(s) was
 This contract shall t 	erminate at the er	d of the school	year or when the	ned in Section 20-10-1 student(s) is no longe				T	
Elementary School I Bloomfield Elem	Istrict	Chair, Boa	ard of Truste	es				Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above	information is tru	ue and correct.		<u> </u>	
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620)-2501				ol Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract			County	-	Legal Entity
Bloomfield Elen	n					Dawson		0215
High School or K-12 D	istrict Responsi	ole for Reimbu	rsing the Con	tract		County		Legal Entity
Is this contract shar ☐ yes ☐ no	red between e	ementary ar	id high scho	ol?				
Are you applying fo			□ No		Stu	dent Name	School	Grade
(If yes, please attact ISOLATION: Section	20-10-142, MC/	A, provides for						
rates for special circur increased rates, individ	dual circumstand	ces must be re	viewed and a	pproved by the	Stu	dent Name	School	Grade
trustees of the district, Public Instruction. (10.				e Office of				
Check here only if incr				proved by the	Stu	dent Name	School	Grade
District Trustees and the	Ť	In	imittee. itials		Stu	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes					S CONTRACT IS FO		Sidds
County Approval Parent or Guardian		e Print)			Gra	des 1-12	<u> </u>	= D # 0
Tom Fatzinger	•	,				st Semester Only	☐ 2nd Semester Only	y Both Semesters
Physical Address (s	street address	only):				-kindergarten/Kinder st Semester Only		y Both Semesters
					KIN	DERGARTEN/PRE	(INDERGARTEN:	
Distance from home	e to nearest so	chool (one wa	av)		Kin	dergarten child ride	es with other school-a	age students also covered
Elementary 5.2	HS 0	`	,,		Too	or from Bus Stop	times per day, _	days per week
Distance from home Elementary 0	e to nearest bu	us stop, if an	y (one way)		Kin	dergarten child ride	es without other scho	days per week ol-age students:
•					Тос	or from Bus Stop or from School	times per day, _ times per day, _	days per week days per week
☐ Contract is for o Students in Each Grade L	, ,	the students to b	ne covered by th	is contract	De	adlines:		
Stadento III Edon Grado E	Pre-K	K	1-8	9-12	PAI	RENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total			to County Supt by Jul	y 1, retain a copy for your
Regular Trans					files	i.		
Spec. Ed. Trans						UNTY SUPERINTEN y for your files.	IDENTS: Send origina	ıl to OPI by July 10, retain a
Room & Board						RE	EIMBURSEMENT RA	ATE
Correspondence							rict, county and OPI	
Reg.								
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by
Spec. Ed. Contin.							·	
Agreement between	n parent (pare	nt name)			, an	d school district (distr	rict name)	,
(county name) The parties agree as follow	MC.			County, hereinaf	ter referred	I to as the District(s).		
The parent shall tra	ansport or provide					the days when school is in ince reported on the contract		ian assures that a licensed and
transported for the	past semester.		•		•	,	·	mber of days the student(s) was
 This contract shall 	terminate at the er	nd of the school y		student(s) is no longe		the information accompany chool, whichever occurs first		Date
Elementary School Bloomfield Elem		,						Date
High School District	t 	Chair, Boa	ard of Truste	es				Date
			I attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	-2501		Di	ue to School C	lerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract		Со	unty	<u> </u>	Legal Entity	
Bloomfield Elem	1				Da	awson		0215	
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Conf	tract	Со	unty		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary ar	nd high scho	ol?					
Are you applying for (If yes, please attack			□ No		Student	Name	School		Grade
ISOLATION: Section	20-10-142, MCA	, provides for							
rates for special circum increased rates, individ	lual circumstand	es must be re	viewed and a	oproved by the	Student	Name	School		Grade
trustees of the district, Public Instruction. (10.				e Office of	Children	Name a	Cahaal		Orada
Check here only if incre District Trustees and th				proved by the	Student	name	School		Grade
Elem District Approval	□ yes	In □ no	itials		Student	Name	School		Grade
HS District Approval County Approval		□ no □ no			THIS CO	NTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades □ 1st S	1-12 emester Only	□ 2nd Semester Onl	v □ Both Se	mesters
Virginia Berube						ergarten/Kinder		, = ===================================	
Physical Address (s	treet address	only):					□ 2nd Semester Only	y 🛛 Both Se	mesters
							KINDERGARTEN:		
Distance from home	to nearest so	hool (one wa	ay)			arten child ride contract:	es with other school-a	age students a	Iso covered
Elementary 10.2	HS 0				To or fro	m Bus Stop	times per day, _	day	s per week
Distance from home Elementary 0	to nearest bu HS 0	is stop, if an	y (one way)		Kinderg	arten child ride	times per day, _ es <u>without</u> other scho times per day, times per day, _	ol-age studen	ts:
□ Contract is for o	ne-way only				To or fro	m School	times per day, _	day	s per week
Students in Each Grade Le	evel - Only include	the students to I	be covered by th	is contract.	Deadli		ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total				v 1 rotoin a ao	ny for your
Regular Trans	Total	Total	Total	Total	files.	. Seliu oligilia	I to County Supt by Jul	y 1, letaill a co	yy ioi youi
Spec. Ed. Trans						Y SUPERINTEN your files.	IDENTS: Send origina	ll to OPI by Jul	y 10, retain a
Room & Board					оору .о.		EIMBURSEMENT RA	ΔTE	
							rict, county and OPI		
Correspondence									
Reg. Contingency						Reimb	ursement rate is determ	nined by	
Spec. Ed. Contin.							20-10-142, MCA.		
Agreement between	parent (parei	nt name)			, and sch	ool district (dist	rict name)		,
(county name)				County, hereina	fter referred to a	s the District(s).			
	insport or provide t						session. The parent or guard	ian assures that a li	censed and
insured driver will to 2. In March and June, transported for the	the District shall p	nts. Mileage cor ay the parent th	ntracts are valid on e sum officially a	only when transportat approved in the applic	ion for the distance re ation upon certificatio	ported on the contra n by the teacher or p	ct actually occurs. rincipal of the school of the nu	mber of days the stu	ident(s) was
 The payment shall 	be computed on the			ned in Section 20-10- student(s) is no long					
Elementary School			ard of Truste					Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			l attes	t that the above	information is tr	ue and correct			
Signature - Parent or	Guardian		1 41103	t that the above	omation is ti	ac and correct.	Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		D	ue to Schoo	ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County	•	Legal Entity	
Lindsay Elem						Dawson		0216	
High School or K-12 D	istrict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary ar	d high school	ol?					
Are you applying for			□ No		Stud	ent Name	School		Grade
(If yes, please attaction: Section	20-10-142, MCA	A, provides for			1				
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	ces must be re sportation com	viewed and ap mittee, and the	proved by the	Stud	ent Name	School		Grade
Public Instruction. (10.	·	J	ŕ		Stud	ent Name	School		Grade
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the					
Elem District Approval		□ no	tials		Stud	ent Name	School		Grade
HS District Approval County Approval		□ no □ no				CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 st Semester Only	□ 2nd Semester Onl	y □ Both Se	mesters
Amy Scheitlin					Pre-	kindergarten/Kinderg	parten		
Physical Address (s	treet address	only):					☐ 2nd Semester Onl	y 🛛 Both Se	mesters
						DERGARTEN/PREM			
Distance from home Elementary 10	to nearest so	hool (one wa	ay)		bv tl	is contract:	es <u>with</u> other school-a	_	
Distance from home Elementary 0	to nearest bu	ıs stop, if an	y (one way)		Kind	ergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho times per day, _	ol-age student	ts:
□ Contract is for o					To o	r from School	times per day, _	days	s per week
Students in Each Grade Le	• •	the students to b	ne covered by thi	s contract.	Dea	dlines:			
	Pre-K	K	1-8	9-12	PAR	ENTS: Due to Scho	ool Clerk June 1.		
Danishan Trans	Total	Total	Total	Total	CLE files.	RKS: Send original	to County Supt by Jul	y 1, retain a cop	by for your
Regular Trans Spec. Ed. Trans						NTY SUPERINTEN	IDENTS: Send origina	al to OPI by July	/ 10, retain a
Room & Board						,	IMBURSEMENT RA	ΔΤΕ	
							rict, county and OPI		
Correspondence									
Reg. Contingency						Reimbu	ursement rate is deterr	mined by	
Spec. Ed. Contin.							20-10-142, MCA.		
Agreement betweer	n parent (parer	nt name)			, and	school district (distr	rict name)		,
(county name)			(County hereina	after referred	to as the District(s).			
The parties agree as follow		ransportation for		•		` '	session. The parent or guard	dian assures that a lie	censed and
In March and June	, the District shall p					ce reported on the contract cation by the teacher or pr	ct actually occurs. rincipal of the school of the nu	ımber of days the stu	dent(s) was
transported for the 3. The payment shall	be computed on th	ne basis of the so	chedule establish	ned in Section 20-10-	-142, MCA, and t	ne information accompany nool, whichever occurs firs	ing this contract.		
Elementary School			ard of Truste		gor emolied III SC	iooi, willionever occurs firs	t.	Date	
Lindsay Elem High School District		Chair, Boa	ard of Truste	es				Date	
Signaturo - Parant ar	Guardian		I attes	t that the above	Information	is true and correct.	Date		
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County	1	Legal Entity	
Lindsay Elem						Dawson		0216	
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary an	d high school	ol?					
Are you applying for			□ No		Stuc	lent Name	School		Grade
(If yes, please attack ISOLATION: Section :	20-10-142, MCA	, provides for							
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	lent Name	School		Grade
Public Instruction. (10.	·	J	,		Stuc	lent Name	School		Grade
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the					
Elem District Approval		no	tials		Stuc	lent Name	School		Grade
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	OR:		
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	☐ 2nd Semester Onl	y □ Both Se	mesters
Beverly Edward	S				Pre-	kindergarten/Kinderg	rarten	•	
Physical Address (s	treet address	only):					☐ 2nd Semester Only	y □ Both Se	mesters
						DERGARTEN/PREM			
Distance from home Elementary 10.8	to nearest so HS 0	hool (one wa	ay)		bv t	his contract:	es <u>with</u> other school-a times per day,	_	
Distance from home Elementary 35	to nearest bu	ıs stop, if an	y (one way)		Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho times per day, _	ol-age student	s:
□ Contract is for o	ne-way only				To o	or from School	times per day,	days	per week
Students in Each Grade Le		the students to b	be covered by the	is contract.	<u>Dea</u>	adlines:			
	Pre-K	K	1-8	9-12	PAR	RENTS: Due to Scho	ool Clerk June 1.		
D	Total	Total	Total	Total	CLE files		to County Supt by Jul	y 1, retain a cop	by for your
Regular Trans Spec. Ed. Trans						JNTY SUPERINTEN of for your files.	IDENTS: Send origina	al to OPI by July	10, retain a
·					сору		TARLIBOENENE D		
Room & Board							IMBURSEMENT RA		
Correspondence						(2 2 2 2	,	,,	
Reg. Contingency						Reimbu	ursement rate is detern	mined by	
Spec. Ed. Contin.							20-10-142, MCA.		
	<u> </u>								
Agreement between	narent (narer	nt name)			and	d school district (distr	ict name)		
	r parent (paren	it riamo)				,	ot name)	1	······································
(county name) The parties agree as follow		rananastation for		•		to as the District(s).	session. The parent or quard	lian assuras that a li	
insured driver will to	ransport the studer	nts. Mileage con	tracts are valid o	only when transporta	tion for the dista	nce reported on the contract			
transported for the 3. The payment shall	past semester. be computed on the	e basis of the so	chedule establish	ned in Section 20-10	-142, MCA, and	the information accompany	ing this contract.	22,2 0.0 000	-(-)
4. This contract shall Elementary School	terminate at the en	d of the school y	year or when the ard of Truste	student(s) is no long	ger enrolled in so	thool, whichever occurs firs	t.	Date	
Lindsay Elem High School District			ard of Truste					Date	
- ligh School District		Oriali, Dua	and or riuste					Date	
			I attes	t that the above	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		Di	ie to School Clei	rk June 1			
Elementary District Re	sponsible for Re	eimbursing the	Contract		Count	y		Legal Entity	
Lindsay Elem					Daw	/son		0216	
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	ract	Count			Legal Entity	
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?	<u> </u>			<u> </u>	
Are you applying for			□ No		Student Na		School		Grade
(If yes, please attack ISOLATION: Section 2	h explanation) 20-10-142, MCA	A, provides for	increased reir	mbursement			3033		0.000
rates for special circum increased rates, individual trustees of the district, Public Instruction. (10.1)	lual circumstand the county trans	ces must be re sportation com	viewed and ap mittee, and th	proved by the	Student Na	ime	School		Grade
Check here only if incre	•	J	ŕ	uproved by the	Student Na	ime	School		Grade
District Trustees and th		portation Con	nmittee.	proved by the					
Elem District Approval		□ no	itials		Student Na	ime	School		Grade
HS District Approval County Approval	•	□ no □ no				TRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-1 ☐ 1st Sem	2 nester Only	☐ 2nd Semester Only	y □ Both Sei	mesters
Dee Basta						•	•	y Boureon	nootoro
Physical Address (s	treet address	only):				garten/Kinder iester Only	garten □ 2nd Semester Onl [,]	v □ Both Sei	nesters
						•	KINDERGARTEN:	,	
Distance from home Elementary 8	HS 0				Kindergard by this cou To or from To or from	ten child ride ntract: Bus Stop School	es <u>with</u> other school-a times per day, _ times per day, _	days	per week
Distance from home Elementary 0	HS 0	is stop, ii an	y (one way)		Kindergar To or from To or from	ten child ride Bus Stop School	es <u>without</u> other scho times per day, _ times per day, _	ol-age student days days	s: per week per week
□ Contract is for o	, ,							•	
Students in Each Grade Le	evel - Only include		oe covered by th	s contract.	<u>Deadline</u> PARENTS	: Due to Sch	ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: files.	Send origina	I to County Supt by Jul	y 1, retain a cop	y for your
Regular Trans					COLINTY	SUDEDINTEN	IDENTS: Send origina	ul to ODI by July	10 rotain a
Spec. Ed. Trans					copy for yo		IDENTS. Send ongina	ii to OF1 by July	io, retain a
Room & Board						RE	EIMBURSEMENT RA	ATE	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg. Contingency						Reimb	ursement rate is detern	nined by	
Spec. Ed. Contin.							20-10-142, MCA.		
Agreement between	narent (nare	nt name)			and school	al district (dist	rict name)		
	r parent (paren	it ridirio)							······································
(county name) The parties agree as follow				-	fter referred to as t				
insured driver will to	ransport the stude	nts. Mileage cor	ntracts are valid o	only when transportati	ion for the distance repor	rted on the contra			
transported for the	past semester.	•	•		•		rincipal of the school of the nur	mber of days the stud	dent(s) was
 This contract shall 	terminate at the er	d of the school	year or when the	student(s) is no longe	142, MCA, and the inform er enrolled in school, whi			T = .	
Elementary School Lindsay Elem	District	Chair, Boa	ard of Truste	es				Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above	information is true	and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ia, MT 59620	-2501		Du	ie to Scho	ol Clerk June 1		
Elementary District Res	sponsible for Re	imbursing the	Contract			County	I	Legal Entity
Lindsay Elem						Dawson		0216
High School or K-12 Dis	strict Responsit	ole for Reimbu	ırsing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?				<u>, </u>
Are you applying for	isolation statu	us? □ Yes	□ No		Stuc	dent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement		icht ivanic	CCHOOL	Grade
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand the county trans	tion of resider es must be re portation com	nce. In order to eviewed and ap imittee, and the	o receive proved by the	Stud	lent Name	School	Grade
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes		itials		Stud	dent Name	School	Grade
County Approval	□ yes	no				S CONTRACT IS FO des 1-12	DR:	
Parent or Guardian I	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Only	y Both Semesters
Della Van Horn Physical Address (st	reet address	only):				kindergarten/Kinder st Semester Only		y □ Both Semesters
					KIN	DERGARTEN/PRE	(INDERGARTEN:	
Distance from home Elementary 17.5	to nearest sc HS 0	hool (one w	ay)		Kind by t	dergarten child ride his contract: or from Bus Stop	es <u>with</u> other school-a times per day,	days per week days per week days per week
Distance from home Elementary 6	to nearest bu	is stop, if an	y (one way)		Kind	dergarten child ride	es without other school	ol-age students: days per week days per week
□ Contract is for or	ne-way only				100	or from School	times per day, _	days per week
Students in Each Grade Le	vel - Only include	the students to I	be covered by this	s contract.	Dea	adlines: RENTS: Due to Sch	aal Clark luna 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total		RKS: Send original		y 1, retain a copy for your
Regular Trans								
Spec. Ed. Trans						JNTY SUPERINTEN / for your files.	IDENTS: Send origina	Il to OPI by July 10, retain a
Room & Board							IMBURSEMENT RA	ATF
Correspondence						(For dist	rict, county and OPI	use only)
_								
Reg. Contingency						Reimb	ursement rate is determ	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
		l						
Agreement between	parent (parer	nt name)			. and	d school district (dist	rict name)	
	p (p						,	,
(county name) The parties agree as follow				-		to as the District(s).	The county of th	
insured driver will tr	ansport the studer	nts. Mileage cor	ntracts are valid o	nly when transportati	ion for the dista	nce reported on the contract	ct actually occurs.	ian assures that a licensed and
transported for the p	oast semester.				•	the information accompany	•	mber of days the student(s) was
 This contract shall t 	erminate at the en	d of the school		student(s) is no longe		chool, whichever occurs firs		T Data
Elementary School I Lindsay Elem	vioutict	,						Date
High School District		Chair, Boa	ard of Truste	es				Date
			l attest	that the above	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena,	MT 59620-	-2501		Du	ie to Scho	ol Clerk June 1			
Elementary District Respo	nsible for Rei	mbursing the	Contract			County	I	Legal Entity	
Lindsay Elem						Dawson		0216	
High School or K-12 Distri	ict Responsibl	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract shared ☐ yes ☐ no	between ele	ementary an	nd high school	ol?				<u>'</u>	
Are you applying for is	olation statu	s? 🗆 Yes	□ No		Stuc	lent Name	School		Grade
(If yes, please attach e ISOLATION: Section 20-	xplanation) 10-142, MCA,	, provides for	increased rein	nbursement	Otac	ient Name	CCHOOL		nauc
rates for special circumsta increased rates, individual trustees of the district, the Public Instruction. (10.7.1)	ances of isolat I circumstance county transp	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	o receive proved by the	Stud	lent Name	School	(Grade
Check here only if increas District Trustees and the 0	ed payment d	lue to isolatio	n has been ap	proved by the	Stud	lent Name	School	(Grade
Elem District Approval	□ yes □		itials			lent Name	School	(Grade
County Approval	□ yes □	no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>		
Parent or Guardian Na	me: (Please	e Print)				st Semester Only	☐ 2nd Semester Only	∪ □ Both Semeste	ers
Judy R. Lee Physical Address (stre	et address c	only):				kindergarten/Kinder st Semester Only	garten □ 2nd Semester Only	v □ Both Semeste	ers
Distance from home to Elementary 17 Distance from home to Elementary 0 Contract is for one-Students in Each Grade Level Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 nearest bus HS 0 way only	s stop, if an	y (one way) De covered by thi 1-8 Total	9-12 Total	PAF CLE files	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from Bus Stop or from Bus Stop or from School defines: Definition Bus Stop or from School definition	times per day,times p	days per y	week week week week
insured driver will trans 2. In March and June, the transported for the pas 3. The payment shall be a	port or provide trapport the student to District shall part semester.	ansportation for ts. Mileage con ay the parent the e basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially al	County, hereinaf o and from the school only when transportation opproved in the applicated ed in Section 20-10-1 student(s) is no longer	or bus stop on on for the dista ation upon certi	to as the District(s). the days when school is in	rincipal of the school of the nur ring this contract.	an assures that a licensed	
High School District		Chair, Boa	ard of Trustee	es				Date	
			I attest	that the above	information	is true and correct.		<u> </u>	
Signature - Parent or Gu	ıardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	-2501				2004- 2005 I Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the	Contract			County	1	Legal Entity
Lindsay Elem						Dawson		0216
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high school	ol?				
Are you applying fo (If yes, please attac	h explanation)				Stude	ent Name	School	Grade
ISOLATION: Section rates for special circur increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ition of resider ces must be re sportation com	nce. In order to viewed and appoint the mittee, and the	o receive oproved by the	Stude	ent Name	School	Grade
Check here only if incr District Trustees and t	eased payment	due to isolatio	n has been ap	proved by the	Stude	ent Name	School	Grade
Elem District Approval HS District Approval	□ yes		tials		Stude	ent Name	School	Grade
County Approval	□ yes	🗆 no				CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				t Semester Only	□ 2nd Semester On	ly Both Semesters
Laurie Goebel						indergarten/Kinder		
Physical Address (s	street address	oniy):						ly Both Semesters
Distance from home Elementary 7.6 Distance from home Elementary 0	HS 0	`			Kinde by th To or To or Kinde To or	is contract: from Bus Stop from School ergarten child ride from Bus Stop	times per day, times per day, times per day, es without other scho times per day,	days per week days per week days per week col-age students: days per week days per week days per week
□ Contract is for o	ne-way only				10 01	IIOIII SCIIOOI	times per day,	days per week
Students in Each Grade L	evel - Only include	the students to b	e covered by the	is contract.		dlines: ENTS: Due to Sch	ool Clerk June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLEF			ly 1, retain a copy for your
Regular Trans					files.	NTV 011DEDINTEN		
Spec. Ed. Trans						for your files.	IDEN 15: Send origina	al to OPI by July 10, retain a
Room & Board							IMBURSEMENT R	
Correspondence						(1 Of dist	not, county and or	use offiy)
Reg. Contingency						Reimb	ursement rate is deter	mined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement between	n parent (pare	nt name)			. and	school district (dist	rict name)	
	, here ever (here ever	,				o as the District(s).	,	,
(county name) The parties agree as follow The parent shall tra		ransportation for		•		` '		dian assures that a licensed and
insured driver will t	transport the stude	nts. Mileage con	tracts are valid of	only when transportation	on for the distan	ce reported on the contract	ct actually occurs.	imber of days the student(s) was
transported for the 3. The payment shall	past semester. be computed on the	ne basis of the so	hedule establish	ned in Section 20-10-1	42, MCA, and th	e information accompany	ring this contract.	
Elementary School	District		rear or when the ard of Truste		er enrolled in sch	ool, whichever occurs firs	it.	Date
Lindsay Elem High School District	t	Chair, Boa	ard of Truste	es				Date
			1	4 4 h a 4 4 h 1	:	- Amira		
Signature - Parent or	Guardian		ı attes	t that the above	intormation i	s true and correct.	Date	
Signature - ratent of	Juai uiaii						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the Student Name School G	rade
High School or K-12 District Responsible for Reimbursing the Contract Sthis contract shared between elementary and high school?	ade
High School or K-12 District Responsible for Reimbursing the Contract Sthis contract shared between elementary and high school?	ade
Are you applying for isolation status?	ade
Are you applying for isolation status?	ade
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the Student Name School G	ade
(If yes, please attacn explanation) ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the Student Name School G	auc
rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the Student Name School G	
trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)	rade
· · · · · · · · · · · · · · · · · · ·	rade
Elem District Approval	rade
County Approval	
Parent or Guardian Name: (Please Print) Glades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semester	s
Patricia Johnson Pre-kindergarten/Kindergarten Physical Address (street address only): □ 1st Semester Only □ 2nd Semester Only □ Both Semester	s
Distance from home to nearest school (one way) Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 7 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K Total Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Elementary 7 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Elementary 7 HS 0 MKINDERGARTEN/PREKINDERGARTEN: Kindergarten child rides with out her school-age students: To or from Bus Stop times per day, days per was to or fro	eek eek eek eek
Agreement between parent (parent name)	
Emidday Elom	
High School District Chair, Board of Trustees Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	-2501		Du	e to Schoo	ol Clerk June 1		
Elementary District Res	ponsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity
Lindsay Elem						Dawson		0216
High School or K-12 Dis	strict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?				
Are you applying for	isolation statu	us? □ Yes	□ No		Stud	ent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	explanation)	A, provides for	increased rein	nbursement	Olda	chi ivanic	GCHOOL	Grade
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstanc he county trans	tion of resider es must be re portation com	nce. In order to eviewed and ap imittee, and the	o receive proved by the	Stud	ent Name	School	Grade
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stud	ent Name	School	Grade
Elem District Approval HS District Approval	□ yes □		itials			ent Name	School	Grade
	□ yes □	no				S CONTRACT IS FO les 1-12	<u>DR:</u>	
Parent or Guardian I	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Onl	y Both Semesters
Ted & Tarena St Physical Address (st		only):				kindergarten/Kinder st Semester Only		y □ Both Semesters
Distance from home Elementary 10 Distance from home Elementary 0 Contract is for or Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only vel - Only include Pre-K Total	the students to the Students t	y (one way) De covered by this 1-8 Total	9-12 Total	Kind by the To o To o Kind To o To	nis contract: r from Bus Stop r from School lergarten child ride r from School r from School dergarten child ride r from School dilines: ENTS: Due to Scho RKS: Send original NTY SUPERINTEN for your files. RE (For dist	times per day, times	days per week days per week y 1, retain a copy for your al to OPI by July 10, retain a ATE use only)
insured driver will tr. 2. In March and June, transported for the p. 3. The payment shall the	s: nsport or provide t ansport the studer the District shall asst semester. be computed on th erminate at the en	ransportation fo its. Mileage cor ay the parent th ie basis of the si d of the school	r the student(s) to tracts are valid o e sum officially ap	County, hereinafor and from the school only when transportation proved in the applicated in Section 20-10-1 student(s) is no longer	or bus stop on on for the distar ation upon certif	to as the District(s). the days when school is in	et actually occurs. rincipal of the school of the null ing this contract.	lian assures that a licensed and mber of days the student(s) was
High School District		Chair, Boa	ard of Trustee	es				Date
			Lattest	that the above i	information	is true and correct.		
Signature - Parent or	Guardian		ı allest	unat the above I	miomiation	is true and correct.	Date	
Significant Control								

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	-2501		Di	ue to School Cle	erk June 1			
Elementary District Res	sponsible for Re	eimbursing the	e Contract		Cour	nty	<u>'</u>	Legal Entity	
Lindsay Elem					Dav	wson		0216	
High School or K-12 Di	istrict Responsit	ole for Reimbu	ursing the Con	tract	Cour			Legal Entity	
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?					
Are you applying for			□ No		Student N	ame	School		Grade
(If yes, please attack ISOLATION: Section 2	20-10-142, MCA	A, provides for							
rates for special circum increased rates, individual trustees of the district,	lual circumstand	ces must be re	eviewed and ap	oproved by the	Student N	ame	School		Grade
Public Instruction. (10.7)	7.116 ARM prov	vides guideline	es for such.)		Student N	ame	School		Grade
Check here only if incre District Trustees and th		sportation Con	nmittee.	pproved by the					
Elem District Approval		□ no	nitials 		Student N	ame	School		Grade
HS District Approval County Approval	□ yes □ yes	□ no □ no				NTRACT IS FO	OR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades 1- □ 1st Sei	·12 mester Only	□ 2nd Semester Onl	ly □ Both Se	mesters
Tristy Schroebe					Pre-kinde	rgarten/Kinder	raarten		
Physical Address (s	treet address	only):					☐ 2nd Semester Onl	ly 🗆 Both Se	mesters
							KINDERGARTEN:		
Distance from home		hool (one w	ay)		by this co	ontract:	es <u>with</u> other school-	_	
Elementary 21	HS 0				To or fron To or fron	n Bus Stop n School	times per day, _ times per day.	day dav	s per week s per week
Distance from home Elementary 6.5	to nearest bu HS 0	ıs stop, if an	y (one way)		Kinderga To or from	rten child riden Bus Stop	times per day, es <u>without</u> other scho times per day, times per day,	ool-age studen day	ts: s per week
☐ Contract is for or	ne-way only				To or fron	n School	times per day, _	day	s per week
Students in Each Grade Le	evel - Only include	the students to	be covered by th	is contract.	Deadlin		ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total			I to County Supt by Jul	ly 1, retain a co	py for your
Regular Trans					files.				
Spec. Ed. Trans					COUNTY copy for y		NDENTS: Send origina	al to OPI by Jul	y 10, retain a
Room & Board						RE	EIMBURSEMENT R	ATE	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						_			
Contingency						Reimb	ursement rate is deterr 20-10-142, MCA.	mined by	
Spec. Ed. Contin.							,		
Agreement between	parent (parei	nt name)			, and scho	ol district (dist	rict name)		······································
(county name)				County, hereinat	fter referred to as	the District(s)			
	insport or provide				I or bus stop on the day ion for the distance rep		n session. The parent or guard	dian assures that a li	censed and
	the District shall p						ct actually occurs. rincipal of the school of the nu	ımber of days the stu	ident(s) was
The payment shall	be computed on the				142, MCA, and the info er enrolled in school, w				
Elementary School I Lindsay Elem			ard of Truste					Date	
High School District		Chair, Bo	ard of Truste	es				Date	
			l attes	t that the above	information is tru	e and correct			
Signature - Parent or	Guardian		raues	t that the above	omation is the	and contol.	Date		
-							1		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	ox 202501 na, MT 59620	-2501			chool Year 2004- 2005 e to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the C	ontract		County		Legal Entity
Lindsay Elem					Dawson		0216
High School or K-12 D	istrict Responsit	ole for Reimburs	ing the Cont	ract	County		Legal Entity
Dawson H S					Dawson		0207
Is this contract share □ yes □ no	ed between el	ementary and	high school	ol?			
Are you applying for (If yes, please attack	h explanation)		□ No		Student Name	School	Grade
rates for special circum increased rates, individurustees of the district, Public Instruction. (10.)	nstances of isola lual circumstand the county trans	tion of residenc ces must be revi sportation comm	e. In order to ewed and ap ittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and th	eased payment	due to isolation	has been ap	proved by the	Student Name	School	Grade
Elem District Approval	□ yes	Initia □ no	als		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Mary Lynn Wittr					Pre-kindergarten/Kinder	garten	
Physical Address (s	treet address	only):			☐ 1st Semester Only		/ □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 22 to nearest bu HS 5.5		,		by this contract: To or from Bus Stop To or from School Kindergarten child ride	times per day, times per day, times per day, _ s without other school	days per week days per week days per week ol-age students: days per week days per week days per week
☐ Contract is for or	, ,	4h4d4- 4- h			Deadlines:		
Students in Each Grade Le	-			T	PARENTS: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina files.	to County Supt by July	, 1, retain a copy for your
Regular Trans						IDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board					RE	IMBURSEMENT RA	
Correspondence							
Reg. Contingency					Reimb	ursement rate is determ	nined by
Spec. Ed. Contin.						20-10-142, MCA.	
	L I						
Agreement between	ı parent (pareı	nt name)			, and school district (dist	rict name)	,
(county name)			(County hereinaft	ter referred to as the District(s).		
The parties agree as follow		ransportation for th		•	or bus stop on the days when school is in		ian assures that a licensed and
insured driver will to 2. In March and June,	ransport the stude the District shall p	nts. Mileage contra	acts are valid o	only when transportation	on for the distance reported on the contraction upon certification by the teacher or p	ct actually occurs.	
transported for the 3. The payment shall	be computed on the	ne basis of the school	edule establish	ned in Section 20-10-14	42, MCA, and the information accompany	ing this contract.	
Elementary School		Chair, Boar			r enrolled in school, whichever occurs firs	ι.	Date
Lindsay Elem High School District		Chair, Boar	d of Truste	es			Date
Dawson H S							
Signature Desert	Guardian		I attes	t that the above i	nformation is true and correct.	Data	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	ox 202501 na, MT 59620	-2501			school Year 20 e to School C						
Elementary District Res	sponsible for Re	imbursing the	Contract		Cor	unty	-	Legal Entity			
High School or K-12 Di	strict Responsib	ole for Reimbu	sing the Cont	ract	Cor	ınty		Legal Entity			
Richey H S					Da	iwson		0228			
Is this contract share ☐ yes ☐ no	ed between el	ementary an	d high schoo	ol?							
Are you applying for (If yes, please attach	n explanation)				Student	Name	School	Grade			
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	stances of isola ual circumstance the county trans	tion of resident ses must be resportation com-	ce. In order to viewed and ap mittee, and the	o receive oproved by the	Student	Name	School	Grade			
Check here only if incre District Trustees and th		portation Com	mittee.	proved by the	Student	Name	School	Grade			
Elem District Approval	no	tials 		Student	Name	School	Grade				
County Approval	HS District Approval						THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian	Name: (Pleas	e Print)				emester Only	□ 2nd Semester Onl	y Both Semesters			
Larry Veverka Physical Address (st	troot addraga	only):				ergarten/Kinder					
Filysical Address (si	ireet address	orily).				•		y Both Semesters			
Distance from home Elementary 0 Distance from home Elementary 0	HS 9	·	• /		Kinderg by this of To or fro To or fro Kinderg To or fro	arten child ride contract: m Bus Stop m School arten child ride m Bus Stop	times per day, times per day, es <u>without</u> other scho times per day,	days per week days per week days per week col-age students: days per week days per week days per week			
□ Contract is for or											
Students in Each Grade Le					<u>Deadli</u> PARENT		ool Clerk June 1.				
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS files.	S: Send origina	I to County Supt by Jul	y 1, retain a copy for your			
Regular Trans Spec. Ed. Trans						/ SUPERINTEN your files.	IDENTS: Send origina	al to OPI by July 10, retain a			
Room & Board					оору ю		EIMBURSEMENT R	ΔΤΕ			
Correspondence							rict, county and OPI				
Reg. Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	mined by			
Spec. Ed. Contin.							20-10-142, WOA.				
Agreement between	parent (parer	nt name)				ool district (dist	,	,			
insured driver will tr 2. In March and June, transported for the 3. The payment shall	nsport or provide to ransport the studer the District shall p past semester. be computed on the	nts. Mileage con ay the parent the	the student(s) to tracts are valid of sum officially a	only when transportation pproved in the application and in Section 20-10-1	or bus stop on the day on for the distance re- ation upon certification 42, MCA, and the interest of the stop of the distance	ays when school is in ported on the contra n by the teacher or portain accompanion accompanion.	a session. The parent or guard ct actually occurs. rincipal of the school of the nu ring this contract.	dian assures that a licensed and imber of days the student(s) was			
4. This contract shall t Elementary School [ear or when the rd of Truste	student(s) is no longe es	er enrolled in school,	whichever occurs firs	st.	Date			
High School District Richey H S		Chair, Boa	rd of Truste	es				Date			
			I attes	t that the above i	information is tr	ue and correct.					
Signature - Parent or	Guardian						Date				

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 2	02501 AT 59620-25					r 2004- 2005 ol Clerk June 1		
Elementary District Respons	sible for Reimb	bursing the C	ontract			County		Legal Entity
Richey Elem High School or K-12 District	Responsible	for Reimburs	ing the Cont	ract		Dawson County		0227 Legal Entity
Richey H S						Dawson		0228
Is this contract shared be	etween elem	nentary and	high school	ol?				
Are you applying for isol		? □ Yes	□ No		Stud	ent Name	School	Grade
(If yes, please attach explication): Section 20-10	planation) 0-142, MCA, p	rovides for in	creased rein	nbursement		5.11 · 14.11.5	00.1.001	0.000
rates for special circumstan increased rates, individual c trustees of the district, the c Public Instruction. (10.7.116	circumstances county transpor	must be revientation comm	ewed and ap ittee, and the	proved by the	Stud	ent Name	School	Grade
Check here only if increased District Trustees and the Co				proved by the	Stud	ent Name	School	Grade
Elem District Approval			als 		Stud	ent Name	School	Grade
County Approval	yes □ ne yes □ n	10				S CONTRACT IS FO	DR:	
Parent or Guardian Nam	ne: (Please P	Print)				st Semester Only	□ 2nd Semester Only	y Both Semesters
Marlin Johnston		1				kindergarten/Kinder		
Physical Address (street	address on	ıy).				·	•	y □ Both Semesters
Distance from home to relementary 0 HS Contract is for one-we Students in Each Grade Level -	HS 4 nearest bus s S 0 vay only Only include the	stop, if any ((one way)	s contract. 9-12 Total	Kinc by th To o To o Kinc To o To o	nis contract: r from Bus Stop r from School lergarten child ride r from Bus Stop r from School adlines: ENTS: Due to Sch RKS: Send origina	times per day,times per day,times per day,tes without other schotimes per day,times per day,times per day,tool Clerk June 1.	days per week days per week days per week ol-age students: days per week days per week days per week days per week
Spec. Ed. Trans						INTY SUPERINTEN for your files.	IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						RE	EIMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg. Contingency						Reimb	ursement rate is detern	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
insured driver will transpo	t or provide transort the students.	sportation for the	ne student(s) to	o and from the school only when transportati	fter referred I or bus stop on ion for the distar	nce reported on the contra	session. The parent or guard	ian assures that a licensed and mber of days the student(s) was
 This contract shall terming 	nate at the end of	f the school yea	ar or when the	student(s) is no longe		he information accompany hool, whichever occurs firs		Τ= .
Elementary School Distr Richey Elem		Chair, Board						Date
High School District Richey H S	(Chair, Board	d of Trustee	es				Date
			I attest	t that the above	information	is true and correct.		
Signature - Parent or Gua	rdian	·	·				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	ox 202501 a, MT 59620	-2501			chool Year 2004- 2005 e to School Clerk June 1		
Elementary District Res	ponsible for Re	imbursing the 0	Contract		County		Legal Entity
Richey Elem					Dawson		0227
High School or K-12 Di	strict Responsit	le for Reimburs	sing the Cont	tract	County		Legal Entity
Richey H S					Dawson		0228
Is this contract share ☐ yes ☐ no	ed between el	ementary and	l high scho	ol?			
Are you applying for (If yes, please attach	explanation)		□ No		Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district, the Public Instruction. (10.7)	stances of isola ual circumstand he county trans	tion of residences must be revision comments.	e. In order to iewed and ap nittee, and th	o receive oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and th	ased payment	due to isolation	has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	□ yes	Initi □ no	als		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FO	DR:	
Parent or Guardian I	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	☐ 2nd Semester Onl	y Both Semesters
Tammy Olson					Pre-kindergarten/Kinder	garten	
Physical Address (st	reet address	only):			☐ 1st Semester Only		y
Distance from home Elementary 0 Distance from home Elementary 0	HS 4.5 to nearest bu	·			by this contract: To or from Bus Stop To or from School Kindergarten child ride	es <u>with</u> other school-a times per day, _ times per day, _ es <u>without</u> other scho	days per week days per week days per week ol-age students: days per week days per week days per week
☐ Contract is for or	, ,	4h4d4- 4- 1			Deadlines:		, ,
Students in Each Grade Le					PARENTS: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send original files.	to County Supt by Jul	y 1, retain a copy for your
Regular Trans					COUNTY SUPERINTEN	IDENTS: Send origina	ıl to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board					RE	EIMBURSEMENT RA	
Correspondence							
Reg. Contingency					Reimbi	ursement rate is determ	nined by
Spec. Ed. Contin.						20-10-142, MCA.	
Agreement between	parent (parer	nt name)			, and school district (dist	rict name)	,
(county name)				County, hereinaft	ter referred to as the District(s).		
	nsport or provide t				or bus stop on the days when school is in		ian assures that a licensed and
In March and June,	the District shall p				on for the distance reported on the contraction upon certification by the teacher or p		mber of days the student(s) was
transported for the p 3. The payment shall I 4. This contract shall t	be computed on the	e basis of the sch	edule establish	ned in Section 20-10-1 student(s) is no longe	42, MCA, and the information accompany renrolled in school, whichever occurs firs	ring this contract.	
Elementary School I Richey Elem		Chair, Boar					Date
High School District Richey H S		Chair, Boar	d of Truste	es			Date
			I attes	t that the above i	nformation is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620				chool Year 2004- 2005 e to School Clerk June		
Elementary District Res	ponsible for Re	imbursing the (Contract		County	•	Legal Entity
Deer Creek Elem	า				Dawson		1193
High School or K-12 Dis		ole for Reimbur	sing the Cont	ract	County		Legal Entity
Is this contract share ☐ yes ☐ no	d between el	ementary and	d high school	ol?			
Are you applying for (If yes, please attach	explanation)		□ No		Student Name	School	Grade
rates for special circums increased rates, individu trustees of the district, tl	stances of isola lal circumstanc	ition of residences must be rev	ce. In order to riewed and ap	o receive oproved by the	Student Name	School	Grade
Public Instruction. (10.7) Check here only if incre	.116 ARM prov	ides guidelines	for such.)		Student Name	School	Grade
District Trustees and the			mittee.	provod by the			
Elem District Approval HS District Approval		□ no			Student Name	School	Grade
County Approval	□ yes □	no			THIS CONTRACT Grades 1-12	IS FOR:	
Parent or Guardian N	lame: (Pleas	e Print)			☐ 1st Semester O	nly 2nd Semester Onl	y Both Semesters
Gayle Sharbono					Pre-kindergarten/K	indergarten	
Physical Address (str	reet address	only):			☐ 1st Semester O	nly 2nd Semester Onl	y Both Semesters
Distance from home Elementary 4 Distance from home Elementary 0 Contract is for on Students in Each Grade Leventh Elementary 1 Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 e-way only	ıs stop, if any	(one way)	9-12 Total	Kindergarten chil by this contract: To or from Bus Sto To or from School Kindergarten chil To or from Bus Sto To or from School Deadlines: PARENTS: Due to CLERKS: Send or files. COUNTY SUPERI copy for your files. (Fo	ptimes per day,times per day,	days per week pol-age students:
Agreement between (county name) The parties agree as follows	. ,,	nt name)	(County, hereinaft	, and school districter referred to as the Distr	,	,
The parent shall tran insured driver will tra In March and June, 1 transported for the p The payment shall b	sport or provide t insport the studer he District shall p ast semester. e computed on th	nts. Mileage control only the parent the	racts are valid of sum officially a nedule establish	only when transportation pproved in the application and in Section 20-10-1	on for the distance reported on the tion upon certification by the teach 42, MCA, and the information according to the control of the control	er or principal of the school of the nu ompanying this contract.	
Elementary School D		Chair, Boar			r enrolled in school, whichever occ	curs IIFST.	Date
Deer Creek Elem High School District		Chair, Boar	rd of Truste	es			Date
			I attes	t that the above i	nformation is true and cor	rect.	
Signature - Parent or 0	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	-2501			School Year le to School	2004- 2005 Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the	Contract		(County	,	Legal Entity
Deer Creek Ele	m					Dawson		1193
High School or K-12 D		le for Reimbu	rsing the Conf	tract	(County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?				
Are you applying for (If yes, please attac	h explanation)				Studer	nt Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	tion of resident ses must be resportation com-	ce. In order to viewed and appoint and the mittee, and the mittee.	o receive oproved by the	Studer	nt Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Studer	nt Name	School	Grade
Elem District Approval	Elem District Approval						School	Grade
County Approval	□ yes	no			THIS (Grade	CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				Semester Only	□ 2nd Semester On	ly Both Semesters
Hallee Gentry Physical Address (s	troot addross	only):				ndergarten/Kinder		
Filysical Address (s	li eet auui ess	orily).				-		ly Doth Semesters
Distance from home Elementary 15 Distance from home Elementary 0	HS 0	·			Kinde by this To or f To or f Kinde To or f	rgarten child ride s contract: from Bus Stop from School rgarten child ride from Bus Stop	times per day, times per day, times per day, s without other scho	days per week days per week days per week ool-age students: days per week days per week days per week
□ Contract is for o	ne-way only						times per day,	days per week
Students in Each Grade Lo	evel - Only include	the students to b	e covered by th	is contract.	<u>Deac</u> PARE	llines: NTS: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total				ly 1, retain a copy for your
Regular Trans						ITV CUREDINITEN	IDENTS: Condition	al ta ODI bu July 40 matain a
Spec. Ed. Trans						or your files.	IDENTS: Send ongin	al to OPI by July 10, retain a
Room & Board							IMBURSEMENT R	
Correspondence						,	,	,
Reg. Contingency						Reimb	ursement rate is deter	mined by
Spec. Ed. Contin.							20-10-142, MCA.	
		L						
Agreement betweer	n parent (parei	nt name)			, and s	chool district (dist	rict name)	,
(county name)						as the District(s).		
The parties agree as follow		ransportation for		•		` '		dian assures that a licensed and
In March and June	, the District shall p	nts. Mileage con ay the parent the	tracts are valid of sum officially a	only when transportati approved in the applica	on for the distance ation upon certifica	e reported on the contraction by the teacher or p	ct actually occurs. rincipal of the school of the nu	umber of days the student(s) was
transported for the 3. The payment shall 4. This contract shall	be computed on th	e basis of the so	hedule establish	ned in Section 20-10-1	142, MCA, and the	information accompany ol, whichever occurs firs	ring this contract.	
Elementary School			rd of Truste		or emoned in sello	or, withortever occurs IIIs		Date
Deer Creek Elem High School District		Chair, Boa	rd of Truste	es				Date
			I attes	t that the above	information is	true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	imbursing the (Contract			County	<u>'</u>	Legal Entity	
Deer Creek Ele	m					Dawson		1193	
High School or K-12 D		le for Reimburs	sing the Cont	ract		County		Legal Entity	
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	d high school	ol?					
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade	
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	tion of residences must be reversely common time.	ce. In order to iewed and appointed, and the	o receive oproved by the	Stud	dent Name	School	Grade	
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade	
Elem District Approval	□ yes	Initi □ no	ials		Stud	dent Name	School	Grade	
HS District Approval County Approval	•	□ no □ no				S CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Or	nly Both Semesters	
Hallee Gentry Physical Address (s	troot addross	only):				-kindergarten/Kinder			
1 Hysical Address (s	areet address	Offig).				·		nly Both Semesters	
Distance from home Elementary 15 Distance from home Elementary 8 Contract is for o Students in Each Grade Lo	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	is contract. 9-12 Total	Kin by t To c Kin To c To c	chis contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to School	times per day, times per day, times per day, es without other sch times per day, times per day, times per day,	days per week days per week ool-age students: days per week days per week days per week days per week	
Regular Trans					files				
Spec. Ed. Trans						UNTY SUPERINTEN y for your files.	IDENTS: Send origin	nal to OPI by July 10, retain a	
Room & Board							IMBURSEMENT F		
Correspondence						(For dist	nct, county and OF	Tuse only)	
Reg. Contingency Spec. Ed. Contin.						Reimb	ursement rate is deter 20-10-142, MCA.	rmined by	
Agreement between parent (parent name)									
	· 	- C, 2001							
0:	0"		I attes	t that the above	information	is true and correct.	Date		
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	<u>'</u>	Legal Entity	
Deer Creek Ele	m					Dawson		1193	
High School or K-12 D		le for Reimburs	sing the Cont	ract		County		Legal Entity	
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	l high schoo	ol?					
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade	
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstance the county trans	tion of residences must be revi sportation comm	e. In order to lewed and ap nittee, and the	o receive oproved by the	Stud	dent Name	School	Grade	
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade	
Elem District Approval HS District Approval	□ yes	Initi □ no □ no □ no	als		Stud	dent Name	School	Grade	
County Approval						<u>S CONTRACT IS FO</u> des 1-12	DR:		
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Or	nly Both Semesters	
Hallee L. Gentry						-kindergarten/Kinder			
Physical Address (s	treet address	oniy):			□ 1	st Semester Only	2nd Semester Or	nly Both Semesters	
Distance from home Elementary 15 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract. 9-12 Total	Kind by the Took Kind Took Took Took PAR	chis contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Schoel ERKS: Send original i. UNTY SUPERINTEN y for your files. REA (For dist	times per day, times per day, times per day, es without other sch times per day, tool Clerk June 1.	days per week da	
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: nansport or provide t ransport the studer, the District shall p past semester. be computed on th terminate at the en District	ransportation for tots. Mileage contribute parent the parent the set basis of the sch	he student(s) to acts are valid of sum officially a edule establish ar or when the rd of Truste	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longe	ter referred or bus stop on on for the dista tition upon certi 42, MCA, and	ince reported on the contract	session. The parent or gua ct actually occurs. rincipal of the school of the n	rdian assures that a licensed and number of days the student(s) was Date Date	
		, 2001							
Signature - Parent or	Guardian		I attes	t that the above i	information	is true and correct.	Date		
orginature - Parent of	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

Elementary Disktot Responsible for Reinhoursing the Contract Deer Creek Elem High School or K-12 Destric Responsible for Reinhoursing the Contract Is this contract shared between elementary and high school? yes Don Are you applying for Isolation status? Yes No (If yes, please attach contamitor) FOLKTIVIN Section 2017-18 Understood Includes the Incomment Includes the Contract of Incomment Includes the Contract of Incomment		Box 202501 na, MT 59620)-2501			e to School Clerk June 1		
Is this contract shared between elementary and high school? yes no Na You applying for isolation status? I Yos No (If yes, please attach explanation) BOLATION: Section 20-164.2, MCA, provides for increased remourament increased rates, inclinate and the contract shared between elementary and high school? yes no No (If yes, please attach explanation) BOLATION: Section 20-164.2, MCA, provides for increased remourament increased rates, inclinate and the contract shared by the traileses of the distinct, the causely transportation committee, and the Officer of Public instruction, 107.118 ARM provides guidelines for such 1 inflated increased synthetic the totalistion has been approved by the Dattert, Trustees and the County Transportation Committee. Inflate Instruction and the County Supply July 1, retain a copy for your files. Inflate Instruction and the County Supply July 1, retain a copy for your files. Instruction of the County Supply July 1, retain a copy for your files. Park Instruction County Supply July 1, retain a copy for your files. In present and county in the County Supply July 1, retain a copy for your files. Instruction of the County Supply July 1, retain a copy for your files. In present and the county of the Author Supply Instruction and the County Supply July	Elementary District Re	esponsible for Re	eimbursing the	Contract		County		Legal Entity
Is this contract shared between elementary and high school? yes no Na You applying for isolation status? I Yos No (If yes, please attach explanation) BOLATION: Section 20-164.2, MCA, provides for increased remourament increased rates, inclinate and the contract shared between elementary and high school? yes no No (If yes, please attach explanation) BOLATION: Section 20-164.2, MCA, provides for increased remourament increased rates, inclinate and the contract shared by the traileses of the distinct, the causely transportation committee, and the Officer of Public instruction, 107.118 ARM provides guidelines for such 1 inflated increased synthetic the totalistion has been approved by the Dattert, Trustees and the County Transportation Committee. Inflate Instruction and the County Supply July 1, retain a copy for your files. Inflate Instruction and the County Supply July 1, retain a copy for your files. Instruction of the County Supply July 1, retain a copy for your files. Park Instruction County Supply July 1, retain a copy for your files. In present and county in the County Supply July 1, retain a copy for your files. Instruction of the County Supply July 1, retain a copy for your files. In present and the county of the Author Supply Instruction and the County Supply July	Deer Creek Fle	m				Dawson		1193
Agreement between parent (parent name) Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Regular Trans Room & Board Correspondence Reg. Regular Trans Room & Board Correspondence Reg. Country name) Country name) Country hereinafter referred to as the Oldstrict, country and OPI use only) Reimbursement testered to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict country and OPI use only) Reimbursement referred to as the Oldstrict country and OPI use only) Reimbursement referred to as the Oldstrict country and OPI use only) Reimbursement referred to as the Oldstrict country and only the substrict to surface of the substrict passed only the substrict passed only the substrict passed only the sub			ble for Reimbu	rsing the Con	tract			
Agreement between parent (parent name) Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Regular Trans Room & Board Correspondence Reg. Regular Trans Room & Board Correspondence Reg. Country name) Country name) Country hereinafter referred to as the Oldstrict, country and OPI use only) Reimbursement testered to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict, country and OPI use only) Reimbursement referred to as the Oldstrict country and OPI use only) Reimbursement referred to as the Oldstrict country and OPI use only) Reimbursement referred to as the Oldstrict country and OPI use only) Reimbursement referred to as the Oldstrict country and only the substrict to surface of the substrict passed only the substrict passed only the substrict passed only the sub								
Student Name		red between e	lementary an	d high scho	ol?			
SOLATION: Section 20-10-142, MCA, provides for increased reinforcement rates for special constructions of readlesses. In order to receive the trastees of the district, the county transportation committee, and the Office of Public Institution (10-7-116 ARM provides guidelines for such order to receive the trastees of the district. The county transportation committee, and the Office of Public Institution (10-7-116 ARM provides guidelines for the institute of the District Trustees and the County Transportation Committee. Initials	(If yes, please attac	h explanation)			Student Name	School	Grade
Student Name	ISOLATION: Section rates for special circur	20-10-142, MC/ nstances of isola	A, provides for ation of resider	nce. In order t	o receive	Children Name	Cabaal	Crada
County Approval yes no	trustees of the district,	the county trans	sportation com	mittee, and th		Student Name	School	Grade
Student Name					pproved by the	Student Name	School	Grade
Parent or Guardian Name: (Please Print)	Elem District Approval	□ yes	Ini □ no			Student Name	School	Grade
Sackie Whitaker							OR:	
Physical Address (street address only): Testing a sensester Only Both Semesters	Parent or Guardian	Name: (Pleas	e Print)				□ 2nd Semester On	ly Both Semesters
Ist Semester Only						Pre-kindergarten/Kinder	garten	
Distance from home to nearest school (one way) Elementary 5 HS 0 HS 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K Total Total Total Total Total Total Total Correspondence Reg. Contingency Spec. Ed. Crontin. Regular Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name)	Physical Address (s	street address	only):					ly Both Semesters
Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K Total Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) (county name) The parties agree as follows: 1. The parent shall transport to provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are vaid only when the students in by the school propared in the application upon certification upon certification by the teacher or principal of the school of the number of days the student(s) was 1. This contract all terminate at the end of the school of Trustees Deadlines: PARENTS: Due to School Clerk June 1. CLERKS: Send original to County Supt by July 10, retain a copy for your files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. REIMBURSEMENT RATE (For district, county and OPI use only) Reimbursement rate is determined by 20-10-142, MCA. Agreement between parent (parent name)	Elementary 5	HS 0	,			Kindergarten child ride by this contract: To or from Bus Stop To or from School	times per day,	days per week days per week
Contract is for one-way only			13 3top, ii aii	y (One way)		To or from School	es <u>witnout</u> other scho times per day, __ times per day.	days per week
Pre-K K 1-8 9-12 Total Tot		• •					55 por day,	
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County, hereinafter referred to as the District (district name) County name) County name) County name) County name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parties agree as follows: 2. In March and June, the District shall part by parent the sund only when transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the Computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Date	Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	PARENTS: Due to Sch	ool Clerk June 1.	
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County, hereinafter referred to as the District(s). The partnes agree as follows: The partness agree as follows: The partness that transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are vaid only when transportation for the distance reported on the contract actually occurs. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. Elementary School District Chair, Board of Trustees Date I attest that the above information is true and correct.		_			-		I to County Supt by Ju	ly 1, retain a copy for your
Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name)	Regular Trans						NDENTS: Send origina	al to OPI by July 10 retain a
Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name), and school district (district name), (county name)	Spec. Ed. Trans					copy for your files.		
Agreement between parent (parent name)	Room & Board					RE		
Agreement between parent (parent name)							•	,,
Agreement between parent (parent name)						Reimb		mined by
(county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct.	Spec. Ed. Contin.						20-10-142, MCA.	
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The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct.	(county name)				County, hereinaf	ter referred to as the District(s).		
In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. In payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees Date I attest that the above information is true and correct.	The parties agree as follow		transportation for		•	· ,		dian assures that a licensed and
3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees Date I attest that the above information is true and correct.	In March and June	, the District shall p	nts. Mileage con pay the parent the	tracts are valid of e sum officially a	only when transportation only when transportation in the application i	on for the distance reported on the contra tion upon certification by the teacher or p	ct actually occurs. rincipal of the school of the nu	umber of days the student(s) was
Elementary School District Deer Creek Elem High School District Chair, Board of Trustees Chair, Board of Trustees Date I attest that the above information is true and correct.	The payment shall	be computed on the	he basis of the so	chedule establish	ned in Section 20-10-1	42, MCA, and the information accompany	ying this contract.	
High School District Chair, Board of Trustees Date I attest that the above information is true and correct.	Elementary School					a emolieu in scribol, whichever occurs fire	DL.	Date
		t	Chair, Boa	ard of Truste	es			Date
				l attes	t that the above i	information is true and correct		
	Signature - Parent or	Guardian		. 41103	- 3.50 410 400 00 1		Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			e to School Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract		County		Legal Entity
Deer Creek Ele	m				Dawson		1193
High School or K-12 D		ble for Reimbu	rsing the Con	tract	County		Legal Entity
Is this contract shar	red between e	lementary ar	nd high scho	ol?			
Are you applying fo			□ No		Student Name	School	Grade
(If yes, please attact ISOLATION: Section	20-10-142, MC/	A, provides for					
rates for special circur increased rates, indivi trustees of the district, Public Instruction. (10.	dual circumstand the county trans	ces must be re sportation com	viewed and apmittee, and th	oproved by the	Student Name	School	Grade
Check here only if incl District Trustees and t	reased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	-		itials		Student Name	School	Grade
HS District Approval	□ yes	□ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian					Grades 1-12	□ 2nd Semester On	ly Both Semesters
Karen J. Doane	<u> </u>				•		
Physical Address (s		only):			Pre-kindergarten/Kinder ☐ 1st Semester Only		ly Both Semesters
					KINDERGARTEN/PRE	KINDERGARTEN:	
Distance from home Elementary 12	e to nearest so HS 0	chool (one wa	ay)		by this contract: To or from Bus Stop	times per day,	age students also covered days per week days per week
Distance from home Elementary 0	e to nearest bu HS 0	us stop, if an	y (one way)		Kindergarten child ride	es without other scho	days per week ool-age students: days per week days per week
□ Contract is for o	ne-way only					times per day, _	days per week
Students in Each Grade L	evel - Only include	the students to I	be covered by th	is contract.	<u>Deadlines:</u> PARENTS: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total			ly 1, retain a copy for your
Pogular Trans	Total	Total	Total	Total	files.	i to county supt by su	y 1, retain a copy for your
Regular Trans Spec. Ed. Trans					COUNTY SUPERINTEN copy for your files.	NDENTS: Send origina	al to OPI by July 10, retain a
Room & Board					RE	EIMBURSEMENT R	ATE
Correspondence						rict, county and OPI	
Reg.							
Contingency					Reimb	ursement rate is detern 20-10-142, MCA.	mined by
Spec. Ed. Contin.						20-10-142, WOA.	
Agreement between	n parent (pare	nt name)			, and school district (dist	rict name)	,,,,
(county name)				County, hereinaf	ter referred to as the District(s).		
	ansport or provide				or bus stop on the days when school is ir		dian assures that a licensed and
In March and June	, the District shall	nts. Mileage cor pay the parent th	ntracts are valid on e sum officially a	only when transportation only when transportation in the application i	on for the distance reported on the contra tion upon certification by the teacher or p	ct actually occurs. rincipal of the school of the nu	imber of days the student(s) was
transported for the 3. The payment shal	be computed on t	he basis of the so	chedule establish	ned in Section 20-10-1	42, MCA, and the information accompany	ying this contract.	
Elementary School			ard of Truste		er enrolled in school, whichever occurs first	J.,	Date
Deer Creek Elem High School Distric	t	Chair, Boa	ard of Truste	es			Date
			144.	t that the above '	information is two and arm t		
Signaturo - Paront a	Guardian		I attes	t that the above i	information is true and correct.	Date	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620				chool Year 2004- 200 e to School Clerk Jur		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
Deer Creek Elei	m				Dawson		1193
High School or K-12 D		ole for Reimbur	sing the Cont	ract	County		Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary and	d high school	ol?			
Are you applying for (If yes, please attac	h explanation)		□ No		Student Name	School	Grade
ISOLATION: Section rates for special circum increased rates, individ trustees of the district,	nstances of isola lual circumstanc	ition of residences must be rev	ce. In order t	o receive oproved by the	Student Name	School	Grade
Public Instruction. (10.) Check here only if incre	7.116 ARM prov	ides guidelines	s for such.)		Student Name	School	Grade
District Trustees and th		portation Com		p			· · · · · · · · · · · · · · · · · · ·
Elem District Approval HS District Approval		□ no			Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRAC Grades 1-12	T IS FOR:	
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester	Only	Only Both Semesters
Karla Frohlich					Pre-kindergarten		
Physical Address (s	treet address	only):			□ 1st Semester	Only 2nd Semester	Only Both Semesters
Distance from home Elementary 7.6 Distance from home Elementary 0 Contract is for or Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	ıs stop, if any	(one way)	9-12 Total	Kindergarten ch by this contract To or from Bus S To or from School Kindergarten ch To or from Bus S To or from School Deadlines: PARENTS: Due CLERKS: Send files. COUNTY SUPEI copy for your file:	times per day to School Clerk June 1. original to County Supt by RINTENDENTS: Send original to County Supt by the state of the state of times per day to School Clerk June 1.	OPI use only) etermined by
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: Insport or provide transport the studer the District shall past semester. be computed on the	rransportation for nts. Mileage cont pay the parent the ne basis of the sch	the student(s) to racts are valid of sum officially a nedule establish	o and from the school only when transportation pproved in the applicated in Section 20-10-1	er referred to as the Dis	chool is in session. The parent or he contract actually occurs. acher or principal of the school of the ccompanying this contract.	guardian assures that a licensed and the number of days the student(s) was
Elementary School Deer Creek Elem	District	Chair, Boa	rd of Truste	es			Date
High School District		Chair, Boa	rd of Truste	es			Date
			I attes	t that the above i	nformation is true and o	orrect.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	-	Legal Entity
Deer Creek Ele	m					Dawson		1193
High School or K-12 D		ole for Reimburs	ing the Cont	ract		County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	high school	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	tion of residenc es must be revi portation comm	e. In order to ewed and ap hittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	Initia □ no □ no	als		Stud	dent Name	School	Grade
County Approval	□ yes	no				S CONTRACT IS FO des 1-12	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	nly Both Semesters
Kimberly Rahr					Pre	-kindergarten/Kinder	garten	
Physical Address (s	treet address	only):			□ 1	st Semester Only	□ 2nd Semester On	nly Both Semesters
Distance from home Elementary 4 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 e to nearest bu HS 0 ne-way only	is stop, if any	(one way)	s contract. 9-12 Total	Kin by to Too Kin Too Co	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. REA (For dist	times per day, times per day, times per day, es without other schi- times per day, tool Clerk June 1.	days per week days per week uly 1, retain a copy for your al to OPI by July 10, retain a RATE If use only)
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: nansport or provide t ransport the studer, the District shall p past semester. be computed on th terminate at the en District	ransportation for the state of the parent the state basis of the sche	ne student(s) to acts are valid of sum officially a edule establish ar or when the d of Truste	o and from the school only when transportation proved in the applicated ed in Section 20-10-1 student(s) is no longe	ter referred or bus stop or on for the dista tion upon cert 42, MCA, and	nce reported on the contract	session. The parent or guar tt actually occurs. rincipal of the school of the n ring this contract.	rdian assures that a licensed and umber of days the student(s) was Date Date
		<u> </u>	I attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	ox 202501 na, MT 59620	-2501				2004- 2005 I Clerk June 1		
Elementary District Res	sponsible for Re	imbursing the (Contract			County	•	Legal Entity
Deer Creek Eler	n					Dawson		1193
High School or K-12 Dis		le for Reimburs	sing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	ed between ele	ementary and	l high schoo	ol?				
Are you applying for (If yes, please attach	n explanation)		□ No	1	Stude	ent Name	School	Grade
rates for special circum increased rates, individurustees of the district, the Public Instruction. (10.7)	stances of isola ual circumstanc the county trans	tion of residences es must be rev portation comn	ce. In order to iewed and ap nittee, and the	o receive oproved by the	Stude	ent Name	School	Grade
Check here only if incre District Trustees and th	eased payment of	due to isolation	has been ap	proved by the	Stude	ent Name	School	Grade
Elem District Approval HS District Approval		Initing no			Stude	ent Name	School	Grade
County Approval	□ yes □	no				CONTRACT IS FO	OR:	
Parent or Guardian I	Name: (Please	e Print)				t Semester Only	☐ 2nd Semester Only	y Both Semesters
Kimberly Rahr					Pre-k	indergarten/Kinde	rgarten	
Physical Address (st	reet address (only):			□ 1s	t Semester Only	□ 2nd Semester Only	y Both Semesters
Distance from home Elementary 8 Distance from home Elementary 0 Contract is for or Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract. 9-12 Total	Kind by th To or To or Kind To or To or To or Dea PARI GLEI files.	ergarten child rid is contract: from Bus Stop from School ergarten child rid from Bus Stop from School dlines: ENTS: Due to Sch RKS: Send origina NTY SUPERINTEI for your files. RI (For dis	times per day,times per day,	days per week days per week days per week y 1, retain a copy for your I to OPI by July 10, retain a ATE use only)
insured driver will tr. In March and June, transported for the payment shall the This contract shall the shall the transported for the payment shall the payment sh	rs: nsport or provide to ansport the studer the District shall p past semester. be computed on th erminate at the en	ransportation for t ts. Mileage contr ay the parent the e basis of the sch d of the school ye	he student(s) to acts are valid o sum officially a redule establish ar or when the	o and from the school only when transportation proved in the applicated in Section 20-10-1-student(s) is no longe	ter referred for bus stop on ton for the distantion upon certification.	ce reported on the contra	n session. The parent or guard ct actually occurs. or the nur ying this contract.	ian assures that a licensed and mber of days the student(s) was
Elementary School I Deer Creek Elem	District	Chair, Boar	d of Truste	es				Date
High School District		Chair, Boar	Chair, Board of Trustees Date					Date
		<u> </u>	I attest	that the above i	information i	s true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620)-2501			school Year ue to School	2004- 2005 Clerk June 1			
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity	_
Deer Creek Ele	m					Dawson		1193	
High School or K-12 D		ole for Reimbu	rsing the Conf	tract		County		Legal Entity	
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					
Are you applying for (If yes, please attac ISOLATION: Section	h explanation))	□ No	mbursement	Stude	nt Name	School	Grade	
rates for special circun increased rates, individual trustees of the district, Public Instruction. (10.	nstances of isola lual circumstand the county trans	ation of resident ces must be resportation com	ce. In order to viewed and appoint and the mittee, and the mittee.	o receive oproved by the	Stude	nt Name	School	Grade	
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	proved by the	Stude	nt Name	School	Grade	
Elem District Approval		□ no	tials ———		Stude	nt Name	School	Grade	
HS District Approval County Approval	,	□ no □ no				CONTRACT IS FO	OR:		
Parent or Guardian	Name: (Pleas	e Print)				s 1-12 Semester Only	□ 2nd Semester On	ly Both Semesters	
Laura Bowker					Pre-ki	ndergarten/Kinder	rgarten		
Physical Address (s	treet address	only):						ly Both Semesters	
Distance from home Elementary 10.3 Distance from home Elementary 0 Contract is for o Students in Each Grade Lo	HS 0 to nearest bu HS 0 ne-way only	us stop, if any	(one way)	is contract. 9-12 Total	Kinde by thi To or To or Kinde To or To or To or	ergarten child ride s contract: from Bus Stop from School ergarten child ride from Bus Stop from School from School dlines: NTS: Due to Sch	times per day, times per day, times per day, es without other scho times per day, times per day, times per day,	days per week	d
Spec. Ed. Trans						ITY SUPERINTEN or your files.	NDENTS: Send origina	al to OPI by July 10, retain a	а
Room & Board Correspondence					,,	RE	EIMBURSEMENT R trict, county and OP		
Reg. Contingency						 Reimb	ursement rate is deter	 mined by	
Spec. Ed. Contin.							20-10-142, MCA.		
							,		
Agreement betweer	n parent (parei	nt name)			, and s	school district (dist	rict name)	,	1
insured driver will t 2. In March and June transported for the 3. The payment shall	ansport or provide to ransport the stude, the District shall p past semester. be computed on the	nts. Mileage compay the parent the	the student(s) to tracts are valid of e sum officially a hedule establish	o and from the school only when transportati approved in the applicated in Section 20-10-	I or bus stop on th ion for the distance ation upon certification	e reported on the contra	n session. The parent or guar- ict actually occurs. principal of the school of the nu- ying this contract.	dian assures that a licensed and umber of days the student(s) was	
Elementary School			rd of Truste					Date	
Deer Creek Elem High School District		Chair, Boa	rd of Truste	es				Date	
			Lattes	t that the above	information in	true and correct.			_
Signature - Parent or	Guardian		i alles	נ נוומנ נווכ מטטעפ	iiiioiiiialioii IS	tiue and correct.	Date		_
orginature - i arciil Or	-au ulan						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620)-2501			ue to School	2004- 2005 Clerk June 1			
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity	
Deer Creek Elei	m					Dawson		1193	
High School or K-12 D		ble for Reimbu	rsing the Con	tract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	lementary an	id high scho	ol?					
Are you applying for (If yes, please attaction: Section	h explanation))	□ No increased rein	mbursement	Stude	nt Name	School		Grade
rates for special circum increased rates, individual trustees of the district, Public Instruction. (10.)	nstances of isola lual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the	to receive pproved by the	Stude	nt Name	School		Grade
Check here only if incr District Trustees and the	eased payment	due to isolatio sportation Com	n has been ap nmittee.	oproved by the	Stude	nt Name	School		Grade
Elem District Approval		□ no	tials		Stude	nt Name	School		Grade
HS District Approval County Approval	,	□ no □ no				CONTRACT IS FO	OR:		
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 Semester Only	□ 2nd Semester On	ly □ Both Seme	esters
Laurene Newtor	า				Pre-ki	ndergarten/Kinder	raarten		
Physical Address (s	treet address	only):					□ 2nd Semester On	ly 🗆 Both Seme	esters
Distance from home Elementary 5.2 Distance from home Elementary 0 Contract is for on Students in Each Grade Lo	HS 0 e to nearest bu HS 0 ne-way only	us stop, if any	y (one way)	is contract.	Kinde by thi To or To or Kinde To or To or	ergarten child ride is contract: from Bus Stop from School ergarten child ride from Bus Stop	kinder Garten: s with other school- times per day, times per day, es without other scho times per day, times per day, times per day, ool Clerk June 1.	days p days p pol-age students: days p	er week er week er week
	Total	Total	Total	Total	CLER files.	KS: Send origina	I to County Supt by Ju	lly 1, retain a copy	for your
Regular Trans						ITV CHIDEDINITEN	NDENTS: Send origin	al to OPI by July 1	∩ retain a
Spec. Ed. Trans						or your files.	ADENTS: Send ongin	anto Of 1 by July 1	o, retain a
Room & Board							EIMBURSEMENT R		
Correspondence						(1 Of dist	inct, county and Or	r use only)	
Reg. Contingency						Reimb	ursement rate is deter	mined by	
Spec. Ed. Contin.							20-10-142, MCA.		
opos. Zu. Gontini.									
Agreement betweer	parent (pare	nt name)			, and s	school district (dist	rict name)		,
insured driver will t	ansport or provide ransport the stude	nts. Mileage con	the student(s) t	o and from the school	I or bus stop on th	e reported on the contra	n session. The parent or guar		
transported for the	past semester.	•	•			e information accompan	•	y	. ,
	terminate at the er	nd of the school y		student(s) is no longe		ool, whichever occurs fire		Date	
Deer Creek Elem High School District		,	ard of Truste					Date	
riigii School District		Cildii, D08	ard OF TRUSIE	:co				Date	
			l attes	t that the above	information is	true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620)-2501			school Year ue to School	2004- 2005 Clerk June 1			
Elementary District Re	sponsible for Re	eimbursing the	Contract		C	County		Legal Entity	
Deer Creek Ele	m					Dawson		1193	
High School or K-12 D		ole for Reimbu	rsing the Conf	tract		County		Legal Entity	
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					
Are you applying for (If yes, please attac ISOLATION: Section	h explanation))	□ No	mbursement	Studer	nt Name	School	Grade	
rates for special circun increased rates, individual trustees of the district, Public Instruction. (10.	nstances of isola lual circumstand the county trans	ation of resident ces must be resportation com	ice. In order to viewed and appoint and the mittee, and the contraction in the contractio	o receive oproved by the	Studer	nt Name	School	Grade	
Check here only if incr District Trustees and the	eased payment	due to isolation sportation Com	n has been ap mittee.	pproved by the	Studer	nt Name	School	Grade	
Elem District Approval		□ no	tials		Studer	nt Name	School	Grade	
HS District Approval County Approval	,	□ no □ no				CONTRACT IS FO	OR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades □ 1st	s 1-12 Semester Only	□ 2nd Semester On	ly Both Semesters	
Lois Ferfuson					Pre-kir	ndergarten/Kinder	rgarten		
Physical Address (s	treet address	only):						ly Both Semesters	
Distance from home Elementary 6.7 Distance from home Elementary 3.7 Contract is for o Students in Each Grade Leaders	HS 0 to nearest but HS 0 ne-way only evel - Only include Pre-K	us stop, if any the students to b	(one way) se covered by th	9-12	Kinder by this To or f To or f Kinder To or f To or f To Are	rgarten child rides contract: rom Bus Stop rom School rgarten child ride rom Bus Stop rom School rom School llines: NTS: Due to Sch	times per day, times per day, times per day, es without other scho times per day, times per day, times per day,	days per week days per week	
	Total	Total	Total	Total	CLERI files.	KS: Send origina	ll to County Supt by Ju	ly 1, retain a copy for your	
Regular Trans							NDENTS: Send origina	al to OPI by July 10, retain a	а
Spec. Ed. Trans					copy fo	or your files.			
Room & Board Correspondence							EIMBURSEMENT R trict, county and OP		
Reg.									
Contingency						Reimb	ursement rate is deter 20-10-142, MCA.	mined by	
Spec. Ed. Contin.							20-10-142, WIOA.		
Agreement betweer	parent (pare	nt name)			, and s	chool district (dist	rict name)	,	,
insured driver will t 2. In March and June transported for the 3. The payment shall	ansport or provide to ransport the stude, the District shall p past semester. be computed on the	nts. Mileage compay the parent the	the student(s) to tracts are valid of e sum officially a shedule establish	o and from the school only when transportati approved in the applicated in Section 20-10-	I or bus stop on the ion for the distance ation upon certifica	reported on the contra	n session. The parent or guar ct actually occurs. principal of the school of the nuying this contract.	dian assures that a licensed and umber of days the student(s) was	
Elementary School			ard of Truste		S. SINGREW III SCHOOL	on, minoriovoi occura III:	<u> </u>	Date	
Deer Creek Elem High School District		Chair, Boa	ard of Truste	es				Date	
			Lattes	t that the above	information in	true and correct.			
Signature - Parent or	Guardian		i alles	נ נווטנ נווכ מטטעפ	omadon 18	trac and contol.	Date		_

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620)-2501			ue to School	2004- 2005 Clerk June 1			
Elementary District Res	sponsible for Re	eimbursing the	Contract			County		Legal Entity	
Deer Creek Eler	n					Dawson		1193	
High School or K-12 Di		ole for Reimbu	rsing the Con	tract		County		Legal Entity	
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?					
Are you applying for (If yes, please attach ISOLATION: Section 2	n explanation))	□ No	mbursement	Stude	nt Name	School		Grade
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appointment in the contract of the	o receive oproved by the	Stude	nt Name	School		Grade
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Stude	nt Name	School		Grade
Elem District Approval		□ no	itials		Stude	nt Name	School		Grade
HS District Approval County Approval	,	□ no □ no				CONTRACT IS FO	OR:		
Parent or Guardian I	Name: (Pleas	e Print)				s 1-12 Semester Only	□ 2nd Semester On	ly □ Both Semes	ters
Peggy Erhart					Pre-ki	ndergarten/Kinder	garten		
Physical Address (st	reet address	only):					☐ 2nd Semester On	ly Both Semes	ters
Distance from home Elementary 3.7 Distance from home Elementary 0 Contract is for or Students in Each Grade Le	HS 0 to nearest bu HS 0 ne-way only	us stop, if an	y (one way)	is contract. 9-12 Total	Kinde by thi To or To or Kinde To or To or To or	ergarten child ride s contract: from Bus Stop from School ergarten child ride from Bus Stop from School dlines:	times per day, times per day.	days per	r week r week r week r week
Regular Trans Spec. Ed. Trans							NDENTS: Send origin	al to OPI by July 10,	retain a
					сорут	or your files.	EIMBURSEMENT R	ATE	
Room & Board Correspondence							rict, county and OP		
Reg.									
Contingency						Reimb	ursement rate is deter 20-10-142, MCA.	mined by	
Spec. Ed. Contin.									
	rs:	transportation for	the student(s) t	o and from the school	fter referred to		n session. The parent or guar	dian assures that a license	d and
 In March and June, transported for the p 	the District shall poast semester.	pay the parent the	e sum officially a	approved in the application	ation upon certification		rincipal of the school of the ni	umber of days the student(s	s) was
 This contract shall t 	erminate at the er	nd of the school y	ear or when the	student(s) is no longe		e information accompany ool, whichever occurs firs		15.	
Elementary School I Deer Creek Elem	Jistrict	Chair, Boa	ard of Truste	es				Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			l attes	t that the above	information is	true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	0-2501				ol Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract			County		Legal Entity
Deer Creek Ele	m					Dawson		1193
High School or K-12 D		ble for Reimbur	sing the Con	tract		County		Legal Entity
Is this contract shar □ yes □ no	ed between e	lementary and	d high scho	ol?				
Are you applying fo	r isolation stat	us? □ Yes	□ No					
(If yes, please attac ISOLATION: Section rates for special circum	h explanation 20-10-142, MC/) A, provides for i	ncreased reince. In order t	mbursement to receive		dent Name	School	Grade
increased rates, individual trustees of the district, Public Instruction. (10.)	the county trans	sportation comm	nittee, and th			dent Name	School	Grade
Check here only if incr District Trustees and t			mittee.	pproved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	•	□ no			Stud	dent Name	School	Grade
County Approval		no				S CONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	se Print)				des 1-12 st Semester Only	□ 2nd Semester Only	y □ Both Semesters
Robert & Farrah	n Buxbaum				Pre	-kindergarten/Kinder	garten	
Physical Address (s	street address	only):					☐ 2nd Semester Only	y Both Semesters
						DERGARTEN/PRE		
Distance from home Elementary 5.1	e to nearest so HS 0	chool (one wa	y)		bv t	his contract:		ge students also covered days per week days per week
Distance from home Elementary 0	e to nearest bu HS 0	us stop, if any	(one way)		Kin To d	dergarten child ride or from Bus Stop	es <u>without</u> other schoo times per day, _	ol-age students: days per week
☐ Contract is for o	ne-way only				100	or from School	unles per day, _	days per week
Students in Each Grade L	evel - Only include	the students to be	e covered by th	is contract.		adlines: RENTS: Due to Sch	aal Clark luna 4	
	Pre-K	К	1-8	9-12	PAI	RENIS: Due to Sch	ooi Cierk June 1.	
	Total	Total	Total	Total	CLE files		I to County Supt by July	y 1, retain a copy for your
Regular Trans					CO	UNTY SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans						y for your files.		
Room & Board							EIMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg. Contingency						 Reimb	ursement rate is detern	nined by
Spec. Ed. Contin.							20-10-142, MCA.	,
Agreement between	n narent (nare	nt name)			and	d school district (dist	rict name)	
	i parent (pare	nt name)						······································
(county name) The parties agree as follow				•		I to as the District(s)		
insured driver will t	transport the stude	nts. Mileage cont	racts are valid	only when transportation	ion for the dista	ince reported on the contra	ct actually occurs.	ian assures that a licensed and
transported for the	past semester.	, ,	•				•	mber of days the student(s) was
						the information accompany chool, whichever occurs first		
Elementary School			rd of Truste					Date
Deer Creek Elem High School District	t	Chair, Boa	rd of Truste	es				Date
			Lottoo	t that the above	information	is true and correct		
Signature - Parent or	Guardian		i alles	t tilat tile above	iiiioiiiiation	is true and correct.	Date	
orginature - Farent Of	Guaruiali						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620)-2501			school Year ue to School	2004- 2005 Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		C	County		Legal Entity
Deer Creek Ele	m				10	Dawson		1193
High School or K-12 D		ole for Reimbur	rsing the Cont	tract		County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	d high schoo	ol?				
Are you applying for (If yes, please attac ISOLATION: Section	h explanation))	□ No	mbursement	Studer	nt Name	School	Grade
rates for special circun increased rates, individual trustees of the district, Public Instruction. (10.	nstances of isola lual circumstand the county trans	ation of residen ces must be rev sportation com	ce. In order to viewed and apmittee, and the	o receive oproved by the	Studer	nt Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation sportation Com	n has been ap mittee.	pproved by the	Studer	nt Name	School	Grade
Elem District Approval		□ no	tials 		Studer	nt Name	School	Grade
HS District Approval County Approval	,	□ no □ no				CONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades □ 1st	s 1-12 Semester Only	□ 2nd Semester Onl	ly Both Semesters
Shannon Christ	ensen				Pre-kir	ndergarten/Kinder	rgarten	
Physical Address (s	treet address	only):						ly Both Semesters
Distance from home Elementary 5.5 Distance from home Elementary 0 Contract is for o	HS 0 e to nearest bu HS 0 ne-way only	us stop, if any	(one way)		Kinder by this To or f To or f Kinder To or f	rgarten child rid s contract: rom Bus Stop rom School rgarten child rid rom Bus Stop rom School	times per day, times per day, es <u>without</u> other scho	days per week days per week ool-age students: days per week days per week days per week days per week
Students in Each Grade Lo	evel - Only include	the students to b	e covered by thi	is contract.		<u>llines:</u> NTS: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total				ly 1, retain a copy for your
Regular Trans						TV SUDEDINTE	NDENTS: Sand origina	al to OPI by July 10, retain a
Spec. Ed. Trans						or your files.	ADENTS. Send ongine	anto OFT by July 10, letaill a
Room & Board							EIMBURSEMENT R. trict, county and OPI	
Correspondence						(For dis	trict, county and OF	ruse orliy)
Reg. Contingency						Reimb	ursement rate is deterr	mined by
Spec. Ed. Contin.							20-10-142, MCA.	
opos: _ar co.mi								
Agreement betweer	n parent (parei	nt name)			, and s	chool district (dist	rict name)	,
insured driver will t 2. In March and June transported for the	ansport or provide the stude of the District shall properties and past semester.	nts. Mileage cont pay the parent the	the student(s) to tracts are valid of sum officially a	o and from the school only when transportati approved in the applica	l or bus stop on the ion for the distance ation upon certifica	reported on the contra tion by the teacher or p	n session. The parent or guard act actually occurs. principal of the school of the nu	dian assures that a licensed and umber of days the student(s) was
This contract shall	terminate at the er	nd of the school ye	ear or when the	student(s) is no longe		information accompan ol, whichever occurs fire		D-1-
Elementary School Deer Creek Elem		,	rd of Truste					Date
High School District		Chair, Boa	rd of Truste	es				Date
			I attes	t that the above	information is	true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			e to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
Deer Creek Ele	m				Dawson		1193
High School or K-12 D		ble for Reimbu	rsing the Con	tract	County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between e	lementary ar	nd high scho	ol?			
Are you applying fo (If yes, please attac	h explanation)	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circur increased rates, individual trustees of the district, Public Instruction. (10.	nstances of isolo dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appointment in the contract of the	o receive oproved by the	Student Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	□ yes	Ini □ no	itials		Student Name	School	Grade
HS District Approval County Approval		□ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Onl	ly Both Semesters
William (Skip) C Physical Address (s		only):			Pre-kindergarten/Kinder □ 1st Semester Only		ly Both Semesters
					KINDERGARTEN/PRE		, –
Distance from home Elementary 8.6 Distance from home Elementary 0	HS 0	·	•		by this contract: To or from Bus Stop To or from School Kindergarten child ride	times per day,times per day,times per day,	days per week days per week days per week col-age students: days per week days per week days per week
□ Contract is for o	ne-way only					unles per day, _	days per week
Students in Each Grade L	evel - Only include	the students to b	be covered by th	is contract.	<u>Deadlines:</u> PARENTS: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina		ly 1, retain a copy for your
Regular Trans					files.	IDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board						EIMBURSEMENT R. trict, county and OPI	
Correspondence					,		,
Reg. Contingency					Reimb	ursement rate is deterr	mined by
Spec. Ed. Contin.						20-10-142, MCA.	
Agreement between	n parent (pare	nt name)			, and school district (dist	rict name)	,
(county name)				County, hereinaf	ter referred to as the District(s).		
	ansport or provide				or bus stop on the days when school is ir		dian assures that a licensed and
insured driver will to a lin March and June transported for the	, the District shall	nts. Mileage cor pay the parent the	itracts are valid on e sum officially a	only when transportation only when transportation in the application i	on for the distance reported on the contra tion upon certification by the teacher or p	ct actually occurs. rincipal of the school of the nu	imber of days the student(s) was
The payment shall	be computed on t	he basis of the so	chedule establish	ned in Section 20-10-1	42, MCA, and the information accompany enrolled in school, whichever occurs first	ying this contract.	
Elementary School Deer Creek Elem			ard of Truste				Date
High School District	t	Chair, Boa	ard of Truste	es			Date
			I attes	t that the above i	information is true and correct.		•
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

Signature - Parent or Guardian		. 4		Date					
Dawson H S		Lattest th	at the above info	rmation is true and correct.					
Elementary School District Deer Creek Elem High School District Deutsch H.S.	Chair, Board o				Date Date				
insured driver will transport the studer In March and June, the District shall p transported for the past semester. The payment shall be computed on the This contract shall terminate at the er	transportation for the s nts. Mileage contracts pay the parent the sum the basis of the scheduled of the school year or	tudent(s) to an are valid only officially appro le established i r when the stud	nd from the school or but when transportation for oved in the application in Section 20-10-142, M	referred to as the District(s). us stop on the days when school is in session. The pare or the distance reported on the contract actually occurs. upon certification by the teacher or principal of the scho MCA, and the information accompanying this contract. rolled in school, whichever occurs first.	ol of the number of days the student(s) was				
Spec. Ed. Contin.									
Reg. Contingency				Reimbursement rate 20-10-142					
Correspondence				(1 or district, county b					
Room & Board				REIMBURSEM (For district, county a					
Spec. Ed. Trans				copy for your files.	u onginai to opi by July 10, retain a				
Regular Trans				files.	d original to ODI by July 40 mate:				
Pre-K Total		1-8 otal	9-12 Total	CLERKS: Send original to County Su					
Students in Each Grade Level - Only include		ered by this co	ontract.	<u>Deadlines:</u> PARENTS: Due to School Clerk June	1.				
□ Contract is for one-way only				To or from Bus Stop times p	er day, days per week				
Distance from home to nearest bu Elementary 0 HS 14.6	ıs stop, if any (on	ne way)		To or from School times p Kindergarten child rides without oth To or from Bus Stop times p	ner school-age students: er day, days per week				
Elementary 0 HS 14.6	(S)			To or from Bus Stop times p	er day, days per week er day, days per week				
Distance from home to nearest so	chool (one wav)			KINDERGARTEN/PREKINDERGART Kindergarten child rides with other by this contract:					
i ilyalcai Addiesa (Sileet addiesa	опту <i>)</i> .			☐ 1st Semester Only ☐ 2nd Seme	•				
Marcie & Tim Adams Physical Address (street address	oulv).			Pre-kindergarten/Kindergarten	Dette Only				
Parent or Guardian Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters					
HS District Approval ☐ yes	□ no			THIS CONTRACT IS FOR:					
	Initials			Student Name School	Grade				
Check here only if increased payment District Trustees and the County Trans			oved by the	Student Name School	Grade				
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	ation of residence. It ces must be reviewe sportation committe	In order to re ed and appro e, and the O	eceive oved by the	Student Name School	Grade				
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA	1		ırsement	Student Name School	Grade				
□ yes □ no Are you applying for isolation state	, ,	on school? □ No							
Dawson H S Is this contract shared between el	amantan, and his	ah ashasi2		Dawson	0207				
High School or K-12 District Responsib	ole for Reimbursing	the Contrac	t	County	Legal Entity				
Deer Creek Elem	.			Dawson	1193				
Elementary District Responsible for Re		tract		County	Legal Entity				
Office of Public Inst PO Box 202501 Helena, MT 59620		III	Scho	ool Year 2004- 2005 o School Clerk June 1	,1				

Linda McCulloch, Superintendent | INDIVIDUAL TRANSPORTATION CONTRACT

Address, City, Zip Code

Contract #

Office of Public Inst PO Box 202501 Helena, MT 59620		-	School Year 2004- 2005 ue to School Clerk June 1	
Elementary District Responsible for Re	eimbursing the Cor	ntract	County	Legal Entity
Deer Creek Elem			Dawson	1193
High School or K-12 District Responsit	ole for Reimbursin	g the Contract	County	Legal Entity
Dawson H S			Dawson	0207
Is this contract shared between el ☐ yes ☐ no	ementary and h	igh school?		
Are you applying for isolation state (If yes, please attach explanation)	1	□ No	Student Name School	Grade
ISOLATION: Section 20-10-142, MCA rates for special circumstances of isola increased rates, individual circumstance trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov.	ation of residence. ces must be review sportation committed	In order to receive wed and approved by the ee, and the Office of	Student Name School	Grade
Check here only if increased payment District Trustees and the County Trans	sportation Committ	ee.	Student Name School	Grade
	Initials □ no □ no □ no	<u> </u>	Student Name School	Grade
	no no		THIS CONTRACT IS FOR: Grades 1-12	
Parent or Guardian Name: (Pleas	e Print)		☐ 1st Semester Only ☐ 2nd Semester	Only Both Semesters
Mary Kubesh	I. A.		Pre-kindergarten/Kindergarten	
Physical Address (street address	only):		□ 1st Semester Only □ 2nd Semester	Only Both Semesters
Distance from home to nearest so Elementary 0 HS 16.5 Distance from home to nearest but Elementary 0 HS 16.5 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	us stop, if any (o	·	KINDERGARTEN/PREKINDERGARTEN: Kindergarten child rides with other scho by this contract: To or from Bus Stop times per da To or from School times per da Kindergarten child rides without other sc To or from Bus Stop times per da To or from School times per da To or from School times per da Deadlines: PARENTS: Due to School Clerk June 1. CLERKS: Send original to County Supt by files. COUNTY SUPERINTENDENTS: Send original copy for your files. REIMBURSEMENT (For district, county and County and County Supt by files)	y, days per week y, days per week chool-age students: y, days per week y, days per week July 1, retain a copy for your ginal to OPI by July 10, retain a RATE OPI use only) termined by
insured driver will transport the stude 2. In March and June, the District shall p transported for the past semester. 3. The payment shall be computed on the	transportation for the nts. Mileage contract pay the parent the sur ne basis of the schedi	student(s) to and from the school s are valid only when transportati n officially approved in the applica-	, and school district (district name) fter referred to as the District(s). I or bus stop on the days when school is in session. The parent or g ion for the distance reported on the contract actually occurs. ation upon certification by the teacher or principal of the school of th 142, MCA, and the information accompanying this contract. er enrolled in school, whichever occurs first.	
Elementary School District Deer Creek Elem	Chair, Board			Date
High School District Dawson H S	Chair, Board	of Trustees		Date
Dawsoning		I attest that the above	information is true and correct.	
Signature - Parent or Guardian			Date	

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	x 202501 a, MT 59620			_	chool Year 2004- 2005 e to School Clerk June 1		
Elementary District Resp	onsible for Re	imbursing the C	ontract		County	•	Legal Entity
Deer Creek Elem	1				Dawson		1193
High School or K-12 Dis	trict Responsib	le for Reimburs	ing the Cont	ract	County		Legal Entity
Dawson H S					Dawson		0207
Is this contract shared □ yes □ no	d between el	ementary and	high school	ol?			
Are you applying for it (If yes, please attach ISOLATION: Section 20	explanation)		□ No	ah uraa mant	Student Name	School	Grade
rates for special circums increased rates, individu trustees of the district, th Public Instruction. (10.7.	tances of isola al circumstanc e county trans	tion of residence es must be revieus portation comm	e. In order to ewed and ap ittee, and the	o receive proved by the	Student Name	School	Grade
Check here only if increa District Trustees and the	sed payment	due to isolation	has been ap	proved by the	Student Name	School	Grade
Elem District Approval HS District Approval		Initia □ no □ no	als 		Student Name	School	Grade
County Approval	□ yes	no			THIS CONTRACT IS F Grades 1-12	OR:	
Parent or Guardian N	ame: (Pleas	e Print)			☐ 1st Semester Only	☐ 2nd Semester Only	y Both Semesters
Vickie Temple Physical Address (stre	oot addross	only):			Pre-kindergarten/Kinde		
Filysical Address (sti	eet address	ority).			·	□ 2nd Semester Only	y Both Semesters
Distance from home to Elementary 0 Distance from home to Elementary 0 Contract is for one Students in Each Grade Leven	HS 0 so nearest but HS 16.1 e-way only	s stop, if any	(one way)	s contract. 9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch	times per day,times per day,times per day,tes without other schotimes per day,times per day,times per day,	days per week days per week days per week ol-age students: days per week days per week days per week days per week
Spec. Ed. Trans					COUNTY SUPERINTE copy for your files.	NDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						EIMBURSEMENT RA	• • =
Correspondence					(For dis	strict, county and OPI	use only)
Reg. Contingency					Reimb	oursement rate is detern	nined by
Spec. Ed. Contin.						20-10-142, MCA.	
insured driver will trai 2. In March and June, the transported for the part of the payment shall be	sport or provide t nsport the studer ne District shall p ast semester.	ransportation for the state. Mileage contral the parent the sale basis of the sche	ne student(s) to acts are valid o sum officially a edule establish	o and from the school of any when transportation opproved in the applicated and in Section 20-10-14	, and school district (dister referred to as the District(s) or bus stop on the days when school is on for the distance reported on the contribution upon certification by the teacher or 42, MCA, and the information accomparer enrolled in school, whichever occurs fit). in session. The parent or guard act actually occurs. principal of the school of the nur	
Elementary School D		Chair, Board					Date
Deer Creek Elem High School District Dawson H S		Chair, Board	d of Trustee	es			Date
			I attest	that the above i	nformation is true and correct.		
Signature - Parent or G	uardian					Date	